THE

MEDICAL AND SURGICAL REPORTER.

No. 489.] PHILADELPHIA, JULY 14, 1866. [Vol. XV.—No. 2.

Original Department.

Lectures.

ACUTE BRIGHT'S DISEASE, WITH URÆMIA.

A Clinical Lecture Delivered Before the Class at Pennsylvania Hospital, April 18th, 1866.

By Dr. J. M. Da Costa.

Reported by Dr. Napheys.

A——, aged twenty-six. Admitted into the hospital on the afternoon of day before yesterday. The history he gave showed an acute attack which came on after exposure at a fire four weeks ago, and was attended with aching pain in the back and frequent micturition. Then he became better until three days before admission, when swelling of the feet and of the abdomen set in without any marked swelling of the face. When admitted he was very weak, and suffering from oppression in breathing, without, however, much pain. He was not at all unconscious; his mind, though dull, was sufficiently clear to give all the information asked of him. He voided water rather frequently, and it was found to contain albumen. He remained in the condition described until after midnight last night.

Twenty grains of Dover's powder were administered to him during yesterday in five grain doses, chiefly as a diaphoretic. Otherwise his treatment consisted in giving him beef tea and milk, and a small amount of stimulus in the form of milk punch.

Examined this morning, rapidly developed coma is found. He has dilated, sluggish pupils. He breathes noisily, the respiration being indeed at times stertorous. So far as can be ascertained, without disturbing the patient too much, there is nothing abnormal about the lungs. Respirations, twenty. The heart shows a faint systolic murmur at the base, and the first sound at the apex is very dull, more so over the left than over the right ventricle. There is considerable distension of the abdomen, which is far from being entirely due to ascites, as there is also a great deal of flatulence. It cannot be ascertained whether he has any pain over his kidneys, as his stupor is such that no reliable statements can be obtained from him. Until three o'clock yesterday he passed his water freely; since that time it has been drawn with a catheter once, a pint in quantity, high colored, and containing a considerable amount of albumen. Previously, namely, prior to the development of the cerebral symptoms, examined twice, no free blood corpuscles were detected in the urine; but about one-half of the test tube was filled with coagulated albumen after applying heat and nitric acid. There is slight pitting on pressure in the legs, but not in the thighs, and no œdema of the hands. A visible fulness of the veins of the neck is noticed, with a distinct pulsation there, more perceptible on the right side than on the left. The pulse is ninety-six, and rather full. His breath produces no discoloration upon a slide covered with muriatic acid, placed to his mouth. He had taken medicine before he was admitted, and his bowels yesterday were opened three or four times. They have not been moved since. Yesterday morning and twice yesterday afternoon he vomited. He obstinately clenches his teeth, preventing an examination of his tongue. The struggle occasioned by attempting to look at it was followed by slight epistaxis. Reflex movements are good, as shown by tickling the soles of his feet. Pinching is felt, though evidently sensibility is somewhat obtuse, as under severe pinching the expression of his face does not indicate much pain. There is no paralysis of motion; stupor and great restlessness are the most marked symptoms of the disordered innervation.

This man had unquestionably an attack of acute Bright's disease, commencing with a clear history of cold after exposure, attended with fever, prostration, pain in the back, and albuminous urine of rather high specific gravity, 1020 at least. But is his present condition the result of acute Bright's disease the progress of the case? By no means; an accident has happened, to which every case of Bright's disease, whether acute or chronic, is liable, and which may prove fatal, that is the supervention of poisoning by uræmia. Patients do recover from this co

dition; but taking into consideration the previous low state of this man, that his prostration was such when he came into the hospital that a small amount of stimulus (stimulus being an agent that would otherwise have been contra-indicated) had to be administered, the prognosis is, to say the least, unfavorable.

The evidences of uræmic poisoning here present are coma rapidly developed, and very marked with dilated sluggish pupils, and vomiting without any obvious reason for it.

Coma rapidly developed, not following any fever, not occurring in the course of any disease where there is reason to suspect it, is always a very grave indication, and, in the majority of instances, points to the kidney as the seat of disease. In such cases a careful examination of the urine should always be made.

To the dilated sluggish state of the pupils much importance diagnostically is to be attached, especially when viewed in connection with the previous treatment of the case. It might be said because of the great susceptibility of the system in Bright's disease to the influence of opium, even small doses being followed often by very considerable stupor, that the symptoms this morning are the signs of the opiate administered yesterday in Dover's powders, acting much more strongly than ordinarily, while the sickness of the stomach is due to the ipecacuanha it contained. But the fact that the pupils are not contracted as they would be under the influence of opium, and that the sickness of stomach and vomiting were more marked before the taking of the Dover's powder, entirely exclude such a view.

Vomiting occurring without any obvious cause, and often conjoined with a clean tongue, where there is no reason to suspect gastric disorder, ought to attract attention to the kidneys, for very frequently it is a sign of uræmic disturbance and a diseased state of the kidneys. Not long since, in a case of abscess of the kidney in this hospital, sudden vomiting set in, attended with disordered respiration, when, after watching the patient for a day, the diagnosis was made of uræmia, which the sequel proved to be correct, the man dying of marked uræmic poisoning.

It is interesting to consider the state of the kidney, the meaning of the retention of urine, and the explanation of the phenomena here present.

In cases of uræmia accompanying Bright's disease, there may be retention or suppression of urine. The common belief is that when these grave nervous symptoms arise, there must of necessity be no urine, or but little urine voided. This is true in a number of cases. Often the quantity of urine is sensibly diminished. Yet sometimes it happens that the quantity of urine continues apparently the same, yet a chemical analysis shows a diminution in its solid constituents; the urea may be absent and the albumen altered in amount. In this patient the specific gravity of the urine drawn this morning is only 1014; whereas the specimen examined yesterday, before the uræmic symptoms showed themselves, contained a larger amount of solids, the specific gravity being at least 1020. That a considerable quantity of urine is passed, is no proof against the non-occurrence of uræmia, for the most important urinary constituents may be retained, and yet the amount of water be the same. In this case the urea is clearly retained, and the uriniferous tubes of the kidney probably clogged with albumen, which is therefore not passed in the amount it was previously.

The urea retained acts as a poison upon the nervous system, physiologists differing as to the manner of its action. Some maintain that it only exerts its tonic influence by virtue of its decomposition, being converted in the blood into carbonate of ammonia, which is the real poisoning agent. This is the opinion of Frerichs, who has done much to investigate this subject. In proof of this view he has maintained that a slide dipped in muriatic acid, placed before the mouth of a patient laboring under uræmia, will become coated with the white chloride of ammonium formed. In this case the experiment was negative in its result, as it has also been with other observers. Urea has been injected pure into the blood of dogs, and at once produced poisonous effects. The statement, then, that urea must necessarily be converted into carbonate of ammonia before it acts as a poison, is, at least, too absolute; although the conversion may occur in some cases, it does not seem to be necessary to the production of uræmic symptoms.

The question now arises, what can be done to bring about again a healthy state of blood in this patient, to lessen his coma, and to cause the kidneys to secrete normally?

In the first place purgatives are of immense advantage. In a case of repeated uræmic poisoning attending Bright's disease, occurring not a year since, in which there were at least six or eight attacks, the most marked amelioration was often produced by free purgation, the vomiting, the drowsiness, and the dilatation of the pupils ceasing as a free action of the bowels was obtained. In every instance cathartics must be resorted to. The attempt was made to give to this

patient two drachms of compound jalap powder, but it was not successful because of his clenching his teeth obstinately. Two drachms of tincture of jalap was then administered as an enema. If this does not act shortly, a large enema of castor oil, vinegar, and warm water, made into an emulsion by the white of an egg or by mucilage, will be given. The vinegar is added to relieve the tympanitic distension. The state of the kidneys does not admit of the use of turpentine.

Without definitely accepting or rejecting any theory as to the manner of its tonic action, it is certain that the urea should be kept from decomposing, as it may do. The blood and kidneys should be both acted upon. For the former purpose the mineral acids will be found available. Sulphuric acid is often of signal benefit, as are also muriatic and nitro-muriatic acids. As, however, the object is not simply to act on the blood, but also to unload the kidneys, remove the clogging of the tubes with albumen—the immediate mechanical cause of the disturbance—benzoic acid is preferable, as it has the advantage of being a diuretic. A mixture consisting of benzoic acid, gr. xv; borax, gr. x; sweet spirits of nitre, f.ʒj, and simple syrup, f.ʒj, was ordered to be given in water every second hour for the present.

If the patient convalesce sufficiently to ask for drinks, it will be only adding to the treatment to allow him lemonade made with citric acid, lemons, or aromatic sulphuric acid.

April 21st. Unfortunately, the prognosis of this case made at the last clinic, turned out correct. The symptoms proved perfectly unyielding, and the patient died at 12½ o'clock this morning.

Besides the treatment by purgatives, benzoic acid with sweet spirits of nitre, sponging with vinegar and water, injections of vinegar and castor oil, and if he could not be made to swallow, injections of beef-tea and egg as nourishment, decided upon last Wednesday, blood was directed to be taken locally from over the kidney, as it was learned he had complained of pain in the region of the kidney even prior to the development of coma. Five ounces of blood were taken by cups from over both kidneys, and as many dry cups placed in that position as were admissible.

It was found to be utterly impossible to keep up any sustained treatment by the mouth, as he was so restless, and clenched his teeth so firmly. A certain amount of benzoic acid was, however, given to him in that way, about ten grains at a dose, thirty grains in the first twenty-four hours, less afterward, and more again in the last eight hours prior to his death. Then arose the question, whether, with this difficulty of getting him to swallow anything, it would be advisable to use the remedy as an injection. But it was preferred to keep the rectum so far as it could be kept so, as a means of nourishing him rather than of giving him medicines. His bowels proved very obstinate. He had, in consequence of the administration of croton oil by the mouth, four passages since Wednesday, which were small and watery. The sponging has been fairly kept up.

Finding still the great restlessness, and perfectly despairing of being able to give him medicine in sufficient quantity by the mouth or rectum to make an impression, in the afternoon of Thursday, cups were placed at the back of his neck, and seven ounces of blood drawn, and as many dry cups again applied as were admissible. This local bloodletting apparently produced no effect whatever.

The most prominent feature of the symptomatic relations of the case was the intense restlessness, next to it, the fact that he did not utter a single word. He groaned, evidently suffering pain, but not a word did he speak, nor did he show any signs of recognizing his friends who came to see him. Reflex movements, though yesterday a little less distinct, could still be readily excited. There were no convulsions, but there were marked convulsive movements, which became more evident as the case progressed. During the last thirty-six hours, a drawing up of the feet was noticed, dependent upon the contraction of the gastrocnemii muscles, and a constant raising of the arms above his head. Yesterday he was quietly breathing through his mouth, but irregularly and with flapping of the cheeks. Pulse very weak and rapid. The restlessness, to a certain extent, disappeared for five hours before death, but was still excited by the least touch. Pupils remained dilated and sluggish to light.

Has passed no urine naturally since he was before the class; morning and evening it was drawn off by the catheter. From 9 o'clock, on the 19th, until 11 o'clock on the 20th, he passed 280 cubic centimetres; during the next 24 hours, he passed about 90.

The urine was examined microscopically, and found to contain a few casts with epithelium, and a few blood-corpuscles not in casts, but free in the urine. An attempt was made to ascertain chemically the amount of urea, but not by the most accurate process, LIEBIG'S test solution, as those test solutions in the hospital were not correct, and there was not time to prepare them. The method of GOLDING BIRD was resorted to, which consists chiefly in the addition of nitric

acid, filtering, and weighing the nitrate of urea thus obtained. The total amount, in twenty-four hours, of nitrate of urea in the urine of this patient was 34.56 grs. Only an approximate calculation of the amount of urea natural to the man in a state of health is possible, as no examination was made prior to the uræmic poisoning. But when it is considered that the amount of urea in the urine of health (which does not vary greatly in Bright's disease, if the kidneys are performing their function) is suppposed to be, at the least estimate, 286 grains, and the calculation has been made of 420 to 542 grains. The great variation from the normal standard is apparent.

The albumen persisted throughout. In one specimen examined it was very copious. But during the last twenty-four hours, when only ninety cubic centimetres were passed, the urine contained very little, as compared with the previous twenty-four hours. There was, with the decrease of urea, a decrease of the quantity of al bumen, showing that the kidneys were not secreting either albumen or salts in the proper amount.

It is necessary, in concluding the statement of the symptoms, to remark that it has been ascertained the man was very intemperate in his habits, a spirit drinker to a large extent.

Post Mortem Appearances.

Four quarts of fluid were found in the belly after death. There was nothing noticeable about the state of the abdominal veins. They were but very slightly distended, not more so on one side than the other. Nothing peculiar in the condition of the abdominal walls or peritoneum. A clear, serous, yellowish fluid came from the peritoneal sac.

The liver presents a very fine specimen of cirrhosis in the earlier stages.

The spleen is enlarged, but not materially so. It is soft, readily broken down, and the capsule slightly thickened on the outer surface, but it is not more vascular than it should be, and in truth, save its size, shows very little that is abnormal.

The pancreas was unusually large, though healthy.

The bladder was very much contracted.

The intestines were healthy in appearance, but greatly distended with flatus, thus explaining the marked tympanitic sound, upon percussion during life, at the upper portion of the abdomen, while at the lower there was the dull sound of the fluid.

The kidneys are about one-third larger than the normal size. On cutting them, they disclosed a splendid and typical specimen of Bright's kidney in the earlier stages, presenting a transition between the most acute form and the large white kidney of chronic disease, into which it would have inevitably passed. The cortical substance is enlarged, and encroaches upon, and in one kidney has atrophied in some places, the tubular portion. It is vascular, the reddish masses contracting with the lymph or commencing fatty degeneration.

The lungs are highly congested, but not diseased. They are œdematous, but not consolidated. This is more marked posteriorly than anteriorly, of which the signs during life were feeble respiration and slightly impaired resonance. Anteriorly, though there is considerable œdema, there is less congestion.

The right ventricle of the heart is thin, the left increased in size, evidently hypertrophied. No clots were found. During life, the note was made, that there were no murmurs in the heart, but that the sounds were unequal, sharp over the right, and dull over the left ventricle, which observation is confirmed and explained by the condition of the two sides.

The examination of the brain and spinal cord was not practicable. There would not probably have been found any disease there. It is not possible that there was much fluid in the ventricles of the brain, because the rapidity of the pulse was such as to preclude the existence of much cerebral pressure.

Thus in the kidneys alone is found the real reason of this man's death. They were degenerated and refused to act, urea was accumulated in the blood, and its poisonous effects followed.

An Ancient Creature.

At a late sitting of the Paris Academy of Sciences, a letter was received from M. de Baer, of St. Petersburg, announcing that a mammoth, still covered with its skin and hair, had been discovered in the frozen soil of Arctic Siberia.

This discovery had been made in 1864 by a Samoyede in the environs of Taz Bay, the eastern branch of the Gulf of Obi. The news only reached St. Petersburg toward the end of 1865; but as the bodies of large animals will keep a long while in those regions, if they are not completely uncovered, and as this mammoth was still enclosed in the frozen soil, the Academy of St. Petersburg has, with the aid of the Russian Government, sent M. Schmidt, a distinguished palæontologist, to examine the animal and its position in the locality.

It is hoped M. Schmidt will arrive before the decomposition is too far advanced, and that a correct notion may be obtained of the outer appearance of the animal, and also, from the contents of the stomach, of its natural food. The prehistorical figure of the mammoth drawn on a piece of ivory, found in a cavern of Perigord by M. Lartet, will then admit of verification.

Communications.

VESICO-VAGINAL FISTULA:
Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Will's Hospital for Diseases of the Eye.

(Continued from page 4.)

Classification.

These fistulæ may occur at any point from the middle of the urethra to the termination above of the anterior wall of the vagina, but practically the classification of SIMS or that of Dr. BOSEMAN, the two differing very little, answers every purpose.

FIRST. *Uretho-vaginal;* the opening being between the urethea and vagina.

SECOND. *In the trigone vesicale;* the opening being situated at the cervix of the bladder.

THIRD. *At the bas-fond;* the opening involving the inferior fundus of the bladder.

FOURTH. *Vesico-utero-vaginal;* where the opening communicates with the bladder, vagina, and cervix, or body of the uterus.

FIFTH. Fortunately quite rare where the entire vesico-vaginal wall is destroyed, and it may be the urethro-vaginal also.

The relative frequency of these varieties, as they have come under my own notice, is as follows: First, at the vesical triangle; second, at the bas-fond; third, in the urethro-vaginal septum; fourth, the utero-vesical; and last, the one attended with a destruction which includes the first four classes. This, I think, accords with the experience of most observers. Dr. BOSEMAN, I believe, states, according to his observation, the vesico-utero-vaginal is the most common. I have never but in a single instance seen an example of this kind.

Direction.

These fistules may be transverse, oblique, or longitudinal; determined, it may be presumed, in a great degree by the particular part of the fœtal head impinging, or the exact manner in which the vaginal parieties may be caught. The transverse variety has most frequently come under my own notice.

Form, Size, and Condition.

The configuration or form of such openings may be oval, round, linear, angular, and eliptical; the last most common. A careful study of the muscular component of the vagina will explain this. Its fasciculi are disposed longitudinally and circular; the former the most numerous and distinct; and of these, those on the lateral parieties are so associated with the levatores ani that they contract less when divided than those occupying an intermediate position, and hence the ovidal or eliptical form of most fistula. The dimensions of the opening also vary from an aperture so small as barely to admit the introduction of an ordinary probe, to one through which might be passed a good-sized egg. So far as the patient's comfort is concerned, the small opening is quite as bad as the large one; in either case the urine will be constantly passing the vagina.

The condition of the borders of the fistula—like its size and form—differ much. Sometimes they are, especially the upper one, thin, inverted, quite pale and smooth; in other instances thick, soft, spongy and vascular; and again of almost cartilagenous consistence, inextensible and sparsely supplied with blood vessels. The mucous membrane of the bladder often projects through the opening, forming a red, erectile-looking tumor. Dr. GROSS gives a remarkable case—in his work on the urinary organs—of the entire bladder escaping through such a fistulous orifice into the vagina. The condition of the edges as to thickness, density, and vascularity, is a matter of great practical moment in the cure of disease.

Diagnosis.

It is not usually a difficult matter to ascertain the existence of this affection. If inquiry be made as to the state of the bladder immediately succeeding the labor, the patient or her attendant will state that for two or three days there was an inability to evacuate its contents, with some pain or uneasiness, requiring perhaps the use of the catheter; after this a stillicidium of urine through the urethra; or this last condition may have been present from the first. At some period, however, varying from five to twenty days from the labour, the incontinence is complete, the urine escaping entirely from the vagina. The patient sometimes describes this state as being preceded by a sense of something giving away. The labiæ, inner surface of the thighs, perinæum, and the buttocks being constantly bathed in the secretion become red, inflamed and covered with a crop of pustules, which sometimes form ulcers of considerable depth. The genitalia and surface of the vagina frequently become encrusted with a saline deposition (urates), and a strong urinous odor is emitted from her person and clothing. These may be regarded as the rational signs of the disease. Although they do not in themselves establish or justify the conclusion that a fistulæ exists, they form a strong presumptive proof of the fact. Only upon a physical exploration of the parts

can we ascertain with certainty the accident. With this view let the patient be placed in bed, on her side, with the limbs well drawn up, and the hips on the edge of the same, before the window, with a good light. Introduce the duck bill speculum into the vagina, and draw the penneum well back toward the sacrum until the entrance of the air distends the vaginal cavity. If the lesion exists it will most likely be at once detected, unless it should be so small as to escape observation. That it be not thus overlooked, a pocket-case probe should be introduced into any suspicious pockets or depressions, and moved carefully about until their nature and extent are determined. Where the aperture is so small as not to be readily found, it has been advised to inject through the urethra into the bladder some colored liquid, distending its walls, and carefully noting if any can be discovered passing into the vagina. Some prefer having the patient on her elbows and knees, others on the back in making the examination, but the one on the side answers every end, and is more in consonance with her feelings of modesty and propriety. With the aid of the speculum no doubt need exist; without it no examination is complete. I have been called to cases said to be vagino-vesical fistulæ, but which on occular inspection proved to be incontinence from defect in the muscular endowments of the vesical cervix allowing the urine to find its way back into the vagina after escaping passively from the urethra.

Complications.

Under this head may be enumerated stricture of the vagina, recto-vaginal fistula, obliteration of the urethra, and malignant disease of the uterus or rectum.

Treatment.

The treatment of vesico-vaginal fistula includes the preparation of the patient, the operation, and subsequent management.

Preparation. No woman can be in the best condition to undergo an operation for her cure, until after the lapse of at least eight or ten weeks from her confinement. I have operated as early as the fifth week, and with complete success, but, nevertheless, do not think so early a date should be fixed as a rule in practice. It requires at least two months before the system has completely recovered from the perturbating influences of the parturient act, and her secretions duly established. The moral and physical suffering induced by the existence of the fistula tend to put the woman out of health. If we find her pale, feeble, with loss of appetite, and harassed by a train of nervous symptoms, it may require several months of preparation; during which time a carefully regulated nutritious diet will be demanded, fresh air, attention to the intestinal and other secretions, conjoined with the use of tonics, such as the preparations of iron or infusions of the bitter vegetable class. It is certain, no one familiar with the treatment of this form of fistula, will be rash enough to subject his patient to the inconvenience of such an operation, before attending to these preliminary measures.

There is no operation in surgery which depends so much for its success on healthy constitutional conditions as the one under consideration, nor must we overlook the local treatment. All inflammation must have subsided, the connective tissue component of the parts must be well matured, and sufficiently dense to withstand the traction of the sutures, the edges of the opening should have considerable thickness and a good supply of bloodvessels. All this will be favored by due attention to cleanliness, injecting tepid or cold water, with the addition of a little palm soap, or a decoction of oak bark into the vagina every day. Should the edges continue pale and thin, they must be subjected to a special treatment, with a view to make them more voluminous. This is best accomplished by making a few shallow incisions parallel to their long diameters, and rubbing into each a little nitrate of silver. The caustic should be used about every third day. In the course of a few weeks, the requisite change will have taken place. The saline matters, which so commonly encrust the margins of the fistula and other parts of the genitalia, producing much uneasiness, may be counteracted by the internal administration of nitro-muriatic acid, as a good tonic. The excoriation due to the urinous stillicidium, is best relieved either by an ointment of the precipitated carbonate of zinc, or by a mixture of the black wash and glycerine. Attention must also be given to her catamenial period, three or four days after its accomplishment being the most fitting time for the operation. If done during the latter half of the month, the irritation of the parts, together with the prolonged etherization, are prone to produce premature menstruation. The day previous to the operation, a gentle cathartic should be administered, after the action of which, one grain and a half of opium, in pill, should be given to quiet all intestinal irritation.

Should the fistule be the result of carcinomatous ulceration, any operation will be futile, as everything tends to a fatal termination. When it co-exists with a recto-vaginal opening, the escape of purulent matter into the vagina will be unfavorable to healing; yet, if the peristaltic

movements can be sufficiently controlled by opium or some of its preparations, there is no reason why the vagino-vesical fistula should not be closed, before undertaking that, between the vagina and intestine.

The complication most commonly met with is stricture of the vagina, and, as the opening is usually above it, nothing can be done for its relief until the dimensions of the canal are properly restored. Three methods may be employed for this purpose. First. Incisions of the stricture through the mucous and submucous tissues, followed by dilatation. Second. A submucous division of the contracted bands, and subsequent dilatation; and third, dilatation alone. Choose which we may, there is a strong tendency in the stricture to return. If incision be selected, the reformed parts have the same vicious tendency to contract, and although this is true of dilatation, it is less so than either of the others, and should be selected as best adapted for our purpose. It is effected by either graduated bougies or sponge tents. I have practised each method, and am confident the last is the most certain and least painful.

[To be continued.]

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

BY E. P. BANNING, M. D.,

Of New York.

(Continued from p. 7.)

In a former paper, under the above caption, I endeavored to establish, 1st, that the viscera, like the bones, had but one proper position and mutual bearing, and that any violation of the same, would be followed by corresponding morbid physical and functional results, in the one case as well as in the other.

2d. That the viscera do not occupy in a *depending* condition, from their ligamentous moorings, but in a supported and elevated state, by and through the elastic and energetic abdominal and dorsal walls, the aggregate action of which is *upward*, from the lowest inch of the abdominal contents to the pectoral apex.

3d. That an atrophied or relaxed condition of these trunkal walls, will liberate visceral gravity, and allow of a lineal visceral descent; first, upon the pelvic organs; and second, through them, upon the pelvic nerves, arteries, veins and lymphatics.

4th. That this condition will constitute an actual and practical *dislocation*, which, in proportion to its extent, may induce œdema, weakness, coldness, numbness, neuralgia, and even paralysis of the inferior extremities, which will succumb only to such physical force as will remove the morbid physical status, and so, raise the *blockade* of the helpless commercial channels involved.

I propose now, by the light of general anatomy, common sense, and experience, to examine into the tendency of abdominal and dorsal relaxation upon the pelvic organs and their functions.

And first, let us deliberately examine the respective considerations of the annexed figures.* Figure 1 may be said to represent a model body, as to its outer form and internal relations. It shows that by and through the advancing curve of the dorso-lumbar vertebræ, and a consequent tension of the abdominal muscles, the following results, are produced, viz.,

First, the entire abdominal mass is compacted, as it were, elevated from the pelvic organs, and coerced against the diaphragm, thereby causing largeness and rotundity at the hypochondria and epigastrium, and a firm state and trim form to the lower abdomen. And also, that by this, the oblique, the lower belly of the rectus abdominalis, and the pyramidalis muscles, are compelled to act as a *spring-board*, upon which the viscera strike at each sudden descent in jumping, coughing, laughing, etc.; and also, like a spring-board, to instantly react upon the descending mass, arrest its descent, break its force, restore the visceral status, and so protect the pelvic organs from much permanent or casual abdominal pressure. Second, it has caused the pelvis so to swing upon the femur heads, as to advance the upper sacrum, depress and retreat the pubes, as to render the medial plane of the pelvic cavity comparatively vertical, and the inferior strait correspondingly horizontal, thereby causing the pelvic organs to be very considerably sheltered from superincumbent weight, below and behind the sacral promontory.

But in the condition represented by figure 2, a very different appearance and state of things obtains, both as to the outward form and internal relations, involving most important pathological and therapeutic considerations; for, by and through the fact that in this case, the dorso-lumbar vertebræ have retreated altogether behind the line, between the ankle and ears, the distance between the sternum and pubes has been greatly diminished, the abdominal muscles of necessity flabbed, and the viscera consequently left to become unpacked, to sink from the diaphragm and

* See last weeks number of the RECORDER, p. 5.

seek the pelvis, thereby causing the hypochondria and epigastrium to be narrow and retracted, and the lower abdomen to become unnaturally enlarged, and in all respects, the very converse of that of fig. 1.

Again, this has also philosophically compelled the pelvis to so swing upon the femur heads as to cause the upper sacrum to retreat, and the pubes to elevate and advance, and thereby so reverse the natural order of the pelvic planes and straits, as to render the inferior strait comparatively and most unnaturally vertical, and in the direct line of descending abdominal viscera, and exposing its contents to all the crushing consequences of undue visceral descent.

The bladder under an ordinary mechanical position of the viscera, has an ample privilege of expansion, to the extent of its capacity, without more than a nominal compressive force in opposition. But in the premises it is not so, for in proportion as the abdominal organs settle, they occupy with weighty persistency, space which is the prerogative of the bladder, and must correspondingly embargo freedom in the expansion of that organ; and in the ratio of this fact, must the bladder insist upon its frequent evacuation, and if the visceral descent be extreme, the result may amount to an almost total non-retention; and, not only may this morbid condition affect the powers of retention, but by dragging the bladder out of its axis, the urethra may be so seriously crowded, compressed, or irritated, as to obstruct free egress through it, and also produce a constant and distressing ischuria or strangury, with an unsatisfied feeling, as though the patient had not succeded in evacuating the bladder, even after the evacuation has been complete.

I have often seen the distressing influence of visceral compression of the bladder go so far as to prevent the subject (who was otherwise in perfect health) from attending church, or even from seeing her friends in her own room for years, so constant and mortifying was the urinal stilicidium. This view may also shed light upon the urinary incontinence of children, a malady which all the profession admit has generally mocked the wisest efforts of medicine. I believe I may plainly state that the general results of all regular prescriptions has been very unsatisfactory. Indeed, as a general rule, the patient in usual health calls for no treatment.

This also enables us to understand the not unfrequent phenomena of cramping, stinging, or spasmodic pains (not usually steady) in the exact direction of one or both ureters; the cramping pains in the ureters being often taken for cramp, colic, peritoneal inflammation, stone in the ureter, etc. The same also sheds light upon isolated or concomitant pains, with weakness in the region of the kidneys, which are always aggravated by much standing, and which steadily resist treatment for renal inflammation, irritation, stone in the kidneys, etc. The simple explanation being literally this, that a depressed condition of the bladder may more or less tense the irritable ureters, and they in their turn tract the kidneys and institute just such a set of functional and sensational derangements as reason might predict would follow, either by themselves alone or in connection with any concomitant disturbances of the urinary system. And lastly, under this head, an enlarged irritable, or schirrus prostate gland, under the above circumstances, is liable to the most serious consequences from undue pressure upon it at a time when anything of the kind must not only tend to increase the organic disease, but also give rise to more or less constant pains, which are usually too distressing to witness.

This view is also strengthened by the known fact, that the sufferings of such patients are always immensely enhanced in point of severity and constancy by the vertical posture. On these several points I close my deductions a priori by affirming that I might illustrate the *actuality* and verity of each of them by a lengthened list of citations under my own observation, but content myself by only one or two on each point from my case book.

Case 1, was a very large lady who had been perseveringly treated for years by a distinguished physician of Brooklyn for chronic inflammation of the bladder, which was much of the time accompanied by complete urinal incontinence. She was totally confined to her room, and invariably experienced an aggravation of her symptoms when in the vertical posture. This case had also sought counsel in Europe with no considerable advantage. On seeing the lady, in consideration of the symptoms in connection with the largeness of the abdomen, and also of the fact that all ordinary treatments had failed, I felt driven to diagnose the case to be in part, at least, one of irritation from visceral pressure, and accordingly prepared a mechanical support, which acted not as a *compress*, but as an elevator of the bowels from the bladder. The result was that an appreciable relief was immediate, and in a few weeks complete, whilst the support was intact, the old symptoms always recurring on its removal. In the course of a year she totally laid it aside without any occurrence of her old trouble.

Case 2, was brought to me by the late lamented

Prof. ISAACS, with precisely the same symptoms which made up case 1, with this difference, viz., that there was an excessive absence of fulness at the hypogastrium, with a great prominence of the pubes, and the incontinence, with tenderness over the bladder, was more extreme. This lady had also made the tour of Europe for help without any appreciable success. As I had no hope in any ordinary treatment, as a dernier resort I applied a support. The application was at first attended with an aggravation of the symptoms, owing to the thinness of the abdominal parietes and consequent pressure on the fundus of the bladder. But on arranging the instrument so as to press only on the inguinal region, and not at all over the bladder, the lady was at first barely able to tolerate the *presence* of the instrument; but in the space of a fortnight, so great was the success, that "she felt it to be her duty to report in person that the success exceeded anything which she had dared to hope."

Case 3. A very corpulent gentleman, aged about 60, was the subject of an almost constant urinal propension, with so much pain and irritation as to cause several physicians to diagnose his case to be one of *gravel* or *stone*. He averred that his case had been exhaustive of medical talent for relief. Thinking it useless to retraverse the ground which had been occupied by other gentlemen, and perceiving an evident abdominal weight upon the affected organ, I ordered a support, which exerted a purely upward and backward action. The result was most satisfactory, giving considerable relief from the first. Some years after, he reported that with the support the relief was nearly complete, but every attempt to dispense with it was followed by a recurrence of the old symptoms.

Case 4, was a confirmed case of schirrus of the prostate gland, of several years duration. As to symptoms, it is sufficient to say that the case was well marked by constant pain in the organ in all positions, but more particularly in the sitting and vertical posture; also on micturating and defecating.

Being wealthy, he had spent much in travel and treatment, with nothing more than such relief as anodynes could afford; except that the Saratoga water made his urine less irritating to the diseased gland. His form was quite drooped, and he unconsciously carried his hand in a supporting position at that point.

Deeming that there was no prospect from a repetition of any ordinary treatment, I applied a strong support, which elevated the abdomen and braced the lumbar region, which had begun to suffer sympathetically. The result was good. His appearance improved, and he stated his permanent relief to be very great. Years after, I had the pleasure of meeting him again at the Springs, when he informed me that his support, when tightly worn, continued to be of great relief.

Case 5, was a cultivated young woman of 16, who from infancy had been the subject of a weakness of the sphincter urinæ, which invariably caused nocturnal flow of urine. She had never slept away from home, and inasmuch as she was an only child, almost frantic efforts for relief had been made.

In this case, although there were no external signs of visceral descent, I applied an abdominal support in the slight hope of success, but more to divert the anxiety of the mother and daughter; but soon after, I was informed that the relief was total.

Case 6. A young man of 17, was the counterpart of Case 5, and was successfully treated by the same means, with this difference—that I was forced to attach to the abdominal support a smart curved spring, armed with a flat compress, which exerted a comfortable pressure upon the bulb of the urethra, with a view to awake him in time to rise from his bed; the result of the perineal compress was so complete as to soon remove the necessity for any remedy whatever, and I cannot doubt that in most similar cases, where there is no organic or other primary morbid condition, this perineal compress, added to the abdominal support, will seldom fail to supply the desideratum.

Finally, I take my leave of this department of my subject by the single remark, that it has not been my object to show that mechanical auxiliaries are certainly indicated in all cases apparently like those given above, nor to press my peculiar form of surgico-mechanical supports upon the notice of the profession, but to elicit a more extended investigation of the views embraced in the premises.

——Several meteoric stones fell at Nashville on the 12th, near the railroad depot. They were of a bluish color, and were quite hot when first discovered. Geologists say that nothing similar has been found in any other part of the world. Two specimens have been forwarded East for further examination.

—— A sarcophagus from the tomb of the Kings of Israel, a monument of Hebraic art, which some years since was found in the Holy Land, has lately been carried to Jaffa; and was embarked there on the 9th ult. for France, being intended for the museum of the Louvre.

ON THE APPARATUS FOR

NEBULIZATION OF MEDICINAL SUBSTANCES,

For Bronchial, Oral, and Posterior Nasal Inhalation, as well as for the production of Local Anæsthesia:

By Ephraim Cutter, M. D.,

Of Boston, Massachusetts.

It has long been a serious obstacle to the successful administration of medicinal substances by the ordinary methods of inhalation, that the article to be inhaled was not really introduced into the air-passages, and brought into contact with the vascular mucus membrane of the lungs, excepting when the substance used was volatile, as ether, chloroform, etc. Articles dissolved in agents like those named were not apt to ascend in the vapor of the menstruum, and thus their inhalation was impossible, or uncertain, to say the least. For instance, if it was attempted to administer the tincture of hyoscyamus, the patient would get more of the alcohol than of the hyoscyamus. In the employment of the tincture of iodine the case is different; the iodine seems really to rise in the vapor, and to pass with excellent therapeutic effect into the pulmonary mucus membrane. The ordinary methods of inhalation are not to be decried for the use of certain substances, but it must be admitted that the new invention received from Germany is admirably designed to supply the deficiencies of the known methods. Reference is here made to the means employed for the diffusion, in fine spray, of medicinal agents which are volatile or non-volatile, or capable of being dissolved in water, alcohol, ether, chloroform, glycerine, or fixed oils.

Various terms have been used to describe the method. The first known to the writer was that of "nebulization" from "*nebula*," a fog, cloud, or mist. Pulverization, vaporization, and atomization have also been suggested. The latter is obviously improper, as the word *atomis* refers to the ultimate elementary form of bodies—the first possible state or subdivision. In plain English, the process is that of suspending in the air any substance capable of solution in some liquid, in spherical particles so minute that they readily float in the atmosphere, and are capable of being borne as such by inhalation into the ramifications of the air passages, there to impinge on their mucus membrane and exert a topical therapeutical effect. Nebulization differs from vaporization in being a mechanical division, not a chemical diffusion. Several ways are devised for doing this. One is by allowing a small jet of the medicinal agent in solution to forcibly impinge at an oblique angle upon a smooth metallic or vitreous plane surface. This jet is reflected off in the form of a fine spray, containing the agent in minute globules capable of being inhaled. Another method is by a current of air or steam thrown through a horizontal tube, which at the distant end meets another vertical tube, the lower extremity of which rests in the medicinal liquid. The liquid rises in the tube and is blown off in the jet of air or steam in a state of minute subdivision. This invention has been utilized by the perfumers and by the naval marine.

The former place it in the hands of the ladies for the purpose of diffusing their aromas upon their handkerchiefs and wearing apparel. It does this admirably, and report has it that the common request of the fair sex in fashionable circles, before going out on a walk, is "blow on me." On the iron-clads, I am informed, a patent steam pump without a valve is used, which is made on this principle. In this case the tubes are about three and a half inches in diameter.

A late useful application of this form of instrument has been introduced to experiment by the Russian Admirals, namely—the ignition of the atomized vapor of the spirits of turpentine, resulting in the production of a flame which will melt copper and brass. It is utilized for heating the boilers of steam engines, and a small steam tug has been successfully propelled by a comparatively trifling amount of temperature.

By setting fire to the jet of ether or alcohol which comes from the sibora and platinum instrument (to be described), a blaze may be obtained which will melt glass in two minutes.

Still another method is to partly fill a soft India rubber bag, having a properly arranged orifice, with air and the medicinal agent, and then by compressing the bag to expel both in the form of the desired spray.

Other methods are devised which will not be spoken of here. It is intended to allude to the second method only, the means and method of making the apparatus, with some account of the principles governing the construction.

Nebulization by a current of air, or steam, passing through a tube, the distal extremity of which impinges at a right angle upon another tube. The simplest form of this apparatus is seen in the perfumer's toy. This instrument consists of two glass tubes of about one-fourth of an inch in diameter, about four or five inches in length, and a small brass attacher or holder with two perforated arms. The tubes are open at both ends, are of the same calibre throughout, and

the ends are square. They are inserted through the perforations in the arms in such a manner that the longitudinal axis of the tube is at right angles and exactly at a level with the square end of the other tube. In use, the tube whose extremity is on a level with the longitudinal axis of the other tube, is plunged into cologne, and a current of air is blown from the mouth through the other tube. The cologne rises, and is diffused in the direction of the current upon the desired object.

This same perfumer's toy may be used for the administration of water to a patient's dry and parched mouth, or for the theraputical application of medicinal agents to the soft palate, uvula, tonsils, and post-pharyngeal wall.

But this division is coarse and spattery, depending entirely upon the nature of the orifices of the two tubes, which are of the same size, viz., one-fourth of an inch in diameter. For medicinal purposes the performer's toy is modified. To procure a fine spray the meeting ends of the tubes are brought down to minute points. The two tubes may be designated as the air tube and the liquid tube, the former intended for the current of air or steam, and the latter for the medicine. The air tube may vary in the simplest form of the instrument from three to six inches, and the liquid tube from one and a half to four inches. The current of air may be derived from the breath, the condensing air pump, or an India rubber bag compressed. It is also derived from a jet of steam. The materials of the apparatus vary. The tubes may be made of hard rubber, glass, or metals (silver, platinum, common tinned iron, copper, etc.) They may be connected by a joint of hard rubber (so that when in disuse they may be packed into smaller compass), by glass, by wood and sealing-wax, by iron wire, by tinned iron, by gutta percha, &c.

It is easy to make this form of instrument with the following materials: A glass tube one-fourth of an inch in diameter and one foot in length; a small bit of wood with plane surface, three-fourths of an inch square and one-fourth of an inch thick; sealing-wax, a fish tail gas light, and a file of moderate fineness. The sealing-wax is melted and put on two adjacent narrow surfaces of the bit of wood so as to cover them well. The glass tube is then melted over the gas flame at a point about four inches from one end. It is then drawn out as shortly as possible to a fine tube, say one-sixteenth of an inch in diameter. It is allowed to cool, then broken off at the narrowest part. If the ends are not square they are made so by the file. The tubes are then warmed by the flame and melted into the sealing-wax on the bit of wood. They are so adjusted as to have the small end of the liquid tube, which should be the shorter, just against the centre of the small extremity of of the air tube. They are held until the wax is cooled, and then tested. If the adjustment is correct they will be found to work more admirably and easily than any purchased one. If the adjustment is incorrect gently warm the wax until the fixed grip is somewhat, but not entirely relaxed, and then adjust the tubes without removing until right. It is well to have the end of the air tube considerably larger than that of the liquid tube. It is much easier of adjustment, and does not affect the fineness of the nebulization, which depends upon the size of the orifice of the liquid tube.

The writer has also had these tubes made of common tinned iron by a worker in that metal. Two tubes are made conical, one six, and one four inches in length. They are made and look much like the tip of a carpenter's oil filler. They are then connected together by soldering to the edges of a piece of tinned iron, forming one quarter segment of a circle of $\frac{3}{4}$-inch radius, in such a manner that their small ends impinge upon each other, according to the principles already laid down. They are useful, because cheap, and not liable to be broken by handling. They can be employed for all substances which will not act chemically on the metal.

The principles of the instrument seem to be these:

1. A current of air or steam blowing.

2. On an orifice of another tube, the other end of which is immersed in a liquid.

3. A vacuum is produced, whereby the liquid rises in the tube, and is dispersed in the form of minute globules, making a fine spray in the direction of the distal opening of the air-tube, which, in this instance, is horizontal, so that the spray impinges directly upon the objects placed directly in front.

4. The meeting orifice of the air-tube is to be placed in such a manner that its centre comes directly against the level surface of the liquid tube.

5. The size of the meeting orifices may be equal in diameter, or preferably, that of the air-tube may be larger than that of the liquid tube. It is generally necessary that the orifice of the liquid-tube should be even and square. The size of this orifice determines the character of the spray. If large, the spray is large; if small, the spray is fine. The orifice of the air-tube may be irregular in size, and rough or jagged, without impairing the efficiency of the instrument. This is well to re-

member in its making. When the breath is to be depended upon, it is well to have the orifice of the air-tube quite large. It blows much easier, and is hence less troublesome to the patient.

6. The calibre of the tubes does not affect the rise of the liquid much. It depends solely upon the size of the orifice. A tube of large calibre, with a suitable orifice, will convey fluid evidently as well as a tube with a calibre throughout equal in size to that of the orifice.

7. The length of the liquid-tube affects the flow. It is easier when short.

In the instrument described, the spray is horizontally directed. The patient opens the mouth wide against the spray, and breathes in the vapor.

This apparatus requires the use of a face-shield to protect the parts. This shield is usually made of glass in the form of a speculum, one inch in diameter at one end, and expanded in a funnel at the other end. Dr. Oliver's modification consists in having the jet thrown into a very ingeniously made bottle, contrived with openings for the inhalation of the vapor diffused within. In Levin's work, there is figured a modification which does away with the face-shield. It consists in prolonging the air-tube to a greater length, and in the liquid-tube's running underneath in such a manner that the instrument can be introduced inside the mouth to the back part of the throat.

This is a very excellent modification, and has been subsequently invented by Dr. Read, of Boston. It is useful in the cases mentioned above. To make the apparatus more useful, the author contrived another modification, which he certainly is sure was suggested from his own thoughts, but which, he is informed, has been invented elsewhere. This modification consists in bending at a right angle the distal end of the elongated air-tube, so that the direction of the spray proceeds at right angles to the longitudinal axis of the instrument. By this arrangement, the instrument can be projected beyond the tongue, and even beyond the soft palate, so that the spray may be thrown directly into the epiglottis, into the larynx and trachea, and expressly into the wedge-shaped space back of the posterior nares.

The advantages of this instrument, as modified, are as follows:

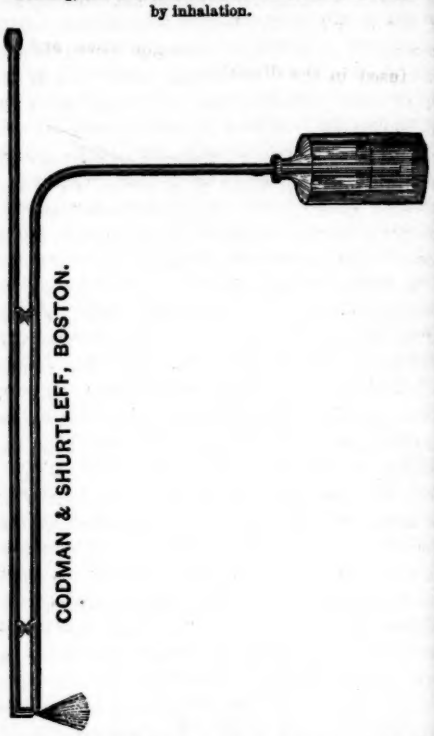
1. It does away with the face-shield, and does not stain the lineaments.

2. It directs the medicinal agent into the very entrance and doorway of the pulmonary organs.

3. It addresses the remedy directly to the post nasal space, an advantage which is claimed for no other instrument.

4. It leaves nothing to be desired for the purpose of administering medicines by inhalation, with the single exception of addressing the uvula, soft palate, post pharyngeal wall, and tonsils, in which case the direct current is to be used.

Silver and platinum nebulizer, for universal use—freezing, burning, and the administration of medicinal substances by inhalation.



The material of this form of instrument is best and most durably made of silver for the air-tube, and of platinum for the liquid-tube. These materials make an elegant and finished article, capable of lasting for a lifetime.

Messrs. Codman & Shurtleff, 13 Tremont Row, Boston, have made the instrument for me, and have the same for sale, of most thorough and creditable workmanship. This firm also furnish, at my suggestion, the same instrument made of glass, connected by wood fastened with cement. They also furnish every appliance in this line.

The same instrument may be home-made, of glass, with a gas-light, sealing-wax, and a file, as follows:

Take a common white glass tube, of about ¼-inch in diameter, and two or three feet in length. At about ten inches from one end, melt the tube over the light, and bend it sharply and shortly at a right angle, and bring it to a point as soon as possible. Then with the file, at this

point make a square opening of about 1-16 inch in diameter. The remaining portion of the glass tube is to be examined, and if the point is not suitably small and square, it is to be made so over the lamp and with file. After this the tube is to be bent on itself to a right angle, at the distance of four or five inches from the small end. It is then to be cut off at a point two and a half inches from the bend, toward the large end. This is the liquid-tube. The two tubes thus prepared are to be put together, and the extremities properly adjusted. Warm both together over the lamp, and then melt the sealing-wax on them, for about one inch's length toward one end, *not melt the wax first, and then apply to the glass tubes*, which would be contrary to the true principle of soldering. Hold the tubes until cool, and test. If properly adjusted, it may act on the first trial. If not, soften the wax by heat, and re-adjust until the desired position is found. The glass should then be heated along the uncovered portions, the wax melted on and allowed to cool, one portion after another. It is not well to heat too much, as the adjustment will then become deranged. The instrument thus made is compact, as the two tubes should touch each other from their points to the bend of the liquid-tube, and if made as directed, are very solidly and smoothly soldered together. It is not inelegant, and is only liable to mechanical injury. It is cheap. The same instrument could be readily made of tinned iron, and soldered together firmly.

[To be continued.]

FIFTEEN CASES OF TRICHINIASIS.

REPORTED BY T. S. BARDWELL M. D.

Of Marion, Linn Co, Iowa, July 3d, 1866.

About the 5th of May, 1866, a family of this place were peculiarly attacked with a remarkable train of symptoms, a brief report of which I propose to make through THE MEDICAL AND SURGICAL REPORTER.

The family were composed as follows, Mr. Bemis aged 72, Mrs. Bemis 57, Henry Bemis 23, Whittier Bemis 20, Mr. and Mrs. Lansing, (son-in-law and daughter of Mr. Bemis) and their four children Willie Lansing, aged 13, Albert Lansing 8, and two twin daughters aged 6.

The primary symptoms were slight nausea and vomiting, with some apparent gastric irritation, followed with diarrhœa and pain in the bowels, accompanied with some febrile excitement. On the 11th, Dr. E. M. SMITH was called to see them, and found the cases with the following symptoms. Tenderness upon pressure over the abdomen, pain in the bowels, tongue covered with a brownish coating, tip and edges red, pulse ranging from 100 to 120, great thirst, profuse diaphoresis, fever of a typhoid type, œdema of the face, arms, and legs, stiffness of the arms and legs, great pain produced upon extending or contracting the muscles, wakefulness, especially at night, and extreme prostration. Each case presented more or less, all of the above symptoms. Some of them would present one symptom more marked and another less, and *vice versa*. In the cases of Mrs. Bemis, and Henry Bemis, pneumonic symptoms were quite prominent and very distressing, so much so, that the patients had to be propped up in bed, in order to breathe freely.

May 30th, Dr. RISTINE, and myself were called in consultation, and found the patients laboring mainly under the symptoms above enumerated, with perhaps greater prostration, and a decided tendency to anasarca. In one of the Lansing boys, general anasarca was a prominent feature. In fact, there was evidently a dropsical effusion in the cellular tissue of most of the cases, in the latter stage of the disease.

Up to this time the disease had been diagnosed typhoid fever, for the want of a more applicable and appropriate name. Various theories had been adduced, such as animal or vegetable poison, etc., to explain the cause; but after thorough investigation and reference to all the authorities at our command, and in the mean time ascertaining that the family had been eating pretty freely of raw ham, two or three days before they were attacked, (which had not been before revealed,) we were led to the conclusion that they were cases of trichiniasis.

June 1st, Willie Lansing died. A post mortem examination was held. No special lesions of any of the internal organs were discovered. Portions of the rectus femoris, psoas, biceps, and rectus abdominis muscles were obtained, and subjected to microscopic examination, in all of which trichinæ were discovered in large numbers.

Henry Bemis died the 3d, Albert Lansing the 8th, Mr. Bemis the 15th, and Mrs. Bemis the 17th, five out of the nine affected having died. Mr. Lansing, who ate none of the ham raw, was not affected at all. He, however, ate of the same ham well cooked. The remaining four of the family are gradually recovering, they having eaten but little of the raw meat.

It will be seen that those who ate the most freely of the raw ham were the worst cases, and have died, while those who ate but little were slightly affected, and will recover, and Mr. Lansing, who ate none but what was well cooked, was not sick at all. A post mortem examina-

tion of Mr. Bemis was also held, with about the same results as in the case above referred to. No abnormal lesions were found in his case. Portions of different muscles, also of the heart, lungs, kidneys, spleen, liver, and intestines, were obtained, and thoroughly examined under the microscope.

The parasite was found in large numbers in all the muscles, and in the lungs and spleen; none were found in the heart, intestines, kidneys, and liver. Portions of muscle were sent to Drs. Allen, Ingalls, and Miller, of the Rush Medical College, Chicago, Illinois; Dr. Austin Flint, New York; Dr. Asa Horr, Dubuque, Iowa; and to several other eminent physicians in this State, all of whom, as far as I have been able to hear, found the muscles swarming with trichinæ, the number found to the square cubic inch averaging 200,000. The normal condition of the parasite, at the time we examined the muscle, seemed to be that of dormancy; but a considerable number were seen to move very perceptibly. Some would coil up and uncoil themselves, but very few cysts were discovered. I did not see any myself, but others claim to have discovered some. A piece of the ham the family ate from, could not be procured; but some of the same hog, from which the ham eaten by the family was taken, was previously fed to a favorite sow, for the purpose (as the owner believed) of breaking her from eating her young pigs, which killed the sow, and a portion of her muscle was examined with the microscope, and found full of trichinæ. I will here state that the ham, eaten by the family, was raised by a son of Mr. B., living in the country, and that some of his hogs, last fall, had "hog cholera," and that this one is doubtless one of the hogs that had the cholera at that time, but recovering, was fattened, and butchered with the others. This leads to the conclusion that "hog cholera" and trichiniasis are the same disease.

The treatment throughout the course of the disease was upon general principles. Each symptom was combatted with what we considered appropriate remedies, mainly palliative and supportive. No specific remedy was used for the destruction of the parasite, for the very best reason, that we knew of no remedy that in the least promised any benefit after the trichinæ had reached the muscles. I am satisfied that much benefit will accrue, if not a radical cure effected, if the disease is promptly treated, immediately after trichinous meat has been taken into the stomach, with active cathartics and strong toxical anthelmintics. Prompt and active catharsis will doubtless expel many, if not nearly all the parasites, before the young brood can penetrate the bowels, at any rate, this seems to be the only rational treatment, so far as I have any information on the subject.

Six other cases, twelve miles north of this place, the children of M. C. Jordan, B. F. Jordan, W. Jordan, and widow Daggett, aged 16, 14, 14, 11, 9, 9, on their way home from school, on the 22d of April, stopped at the house of one of the families, and eat hearty of some sandwiches, in which raw ham was used. Two days after they were attacked with pain in the bowels and diarrhœa. Fortunately, cathartic pills were given to all of them, except one, and that one proved to be the worst, and most difficult case. Dr. Ristine, of this place, was called to see them, and administered remedies according to the indications presented. These cases presented all the symptoms that the Bemis family did, but in a much lighter degree, owing to the fact, that the ham eaten most probably contained a less number of the parasites than the one eaten by the Bemis family, and also to the fact that cathartics were given at an early stage of the attack. These cases, up to the present date, are slowly recovering, and will doubtless all recover. The balance of the hog the children ate from, was eaten by the family, *well cooked*, and none were affected who did not eat the raw meat. A portion of the hog was examined with the microscope and found to contain cysts.

Hospital Reports.

Jefferson Medical College,
April 7th, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Syphilis of the Osseous System.

Maria M——, aged thirty-eight. She has not been well for ten years. There are several swellings upon the radius and the collar bone. She suffers also pain in the nose. The pain which is of a dull, heavy, aching character, comes on soon after retiring at night, so soon as she gets warm in bed. She is compelled to pace the floor of the room for relief. The suffering is worse in damp and cold weather. She has had eight children, of whom but two are living, the others having died quite young, one but three days after birth. The patient is evidently affected with syphilitic nodes. She was ordered to take five grains of iodide of sodium, and one-tenth of a grain of bichloride of mercury, three times in the twenty-four hours, in the form of a solution, half an hour after meals, to observe a plain, simple diet, and to avoid taking cold.

The iodide of sodium is preferable to the iodide

of potassium or ammonium. But as, if care is not taken, it will nauseate, it should be given after meals, with water and syrup, or loaf sugar. The iodides of potassium, sodium and ammonium, are not by themselves specifics, capable of eradicating the disease, hence, after long experience, mercury in the form of the bichloride, the most innocent of all its preparations, is combined with them, and its effects carefully watched. Under the use of this combination, in a short time the patient is able to sleep well, and there is a rapid improvement in the general health.

Pilous Sebaceous Tumor.

Miss Anna W——, aged nineteen. She has a sebaceous tumor, of considerable size, situated on the scalp, a short distance above the forehead, which, judging from the history of its being first observed, she says, seventeen years ago, is probably congenital.

An incision having been made for the removal of the tumor, the scalp was found to be very firm and vascular, and the tumor strongly imbedded. The entire cyst was removed only after a tedious dissection. As the contents of the sac very much resembled cerebral substance, the operation was proceeded with cautiously, lest there might be a connection with the brain. An examination of the tumor showed the presence within it of a large amount of hair; another evidence of its congenital origin. There was comparatively little sebaceous matter. The hairs, which were long and unusually numerous, were intercepted during the development of the tumor, and in this way, became a part of its contents.

The twisted suture was used to bring the parts together, two pins being introduced, as the bleeding is better arrested by the pressure of the pins and ligature, than by the interrupted suture.

Necrosis.

Henry C——, aged twenty-five. Amputation of thigh performed, in consequence of gun-shot wound, nearly two years ago. There was no sloughing, the parts healing nicely. But there has been incessant suffering ever since, and sinuses have formed. The probe introduced into one of them, comes in contact, immediately below the surface, on the inside of the stump, with a fragment of dead bone.

The patient was placed under the influence of chloroform, and a piece of bone, one half the circumference of the shaft of the femur, removed. The edges of the sinuses were then pared to place them in a better condition for the formation of granulations.

In all probability, the bone was fractured at the time the man received the wound, and the amputation performed below the seat of injury. The fragment, not having sufficient attachment to preserve its vitality, perished, and by its presence has kept up irritation ever since. The man will now be able to use an artificial limb.

Onychia Maligna.

Jno. K——, ten years of age. The big toe of the right foot has a peculiar bulbous appearance. The surface is red, and the upper part is grooved transversely, as if a portion had been furrowed out by ulcerative action. The nail is destroyed, nothing but a little portion of the root remaining. The pain is severe, especially at night, and when the foot is permitted to hang down for any length of time.

This affection was originally described by Mr. WARDROBE, under the name of onychia maligna. The term malignant is not applicable, although it is frequently destructive to the nail, as well as to a considerable portion of the toe, especially when the case is not properly managed, yet it is always amenable to treatment, particularly when commenced early in the disease. The exciting cause varies in different instances. It is usually supposed to be of scrofulous character, but it is doubtless owing to a syphilitic taint of the system. Indeed, what is called scrofula is probably nothing but a syphilitic cachexia, modified by transmission from one generation to another, by difference of temperament, modes of life and occupation.

The disease begins usually in the skin, by the side of the nail, generally back toward the root. Gradually increasing, it involves the entire nail, root and all, until the nail is necrosed, becoming perfectly black, and the skin gives way by ulcerative action, so that the whole upper surface, formerly covered by the nail, is eventually one mass of disease, which sometimes also extends to both the phalanges. The toe becomes bulbous; the skin is congested; there is great induration from interstitial deposits, and exquisite tenderness, especially at night, after exercise, and during dependency.

The only reliable treatment consists in bringing the system partly under the influence of mercury. This circumstance would seem to give countenance to the view as to its syphilitic character. The mercury should be given to produce slight ptyalism, which should be maintained for ten days or two weeks.

The boy was ordered ℞. hydrargyri chlor. mitis, gr. xv., pulveris opii, gr. viij., to be divided into thirty pills, and one taken four times a day. So soon as ptyalism shows itself, the medicine will be given less frequently, or withheld altogether. Locally, a foreign leech was directed to be applied to the toe, as the parts are very much engorged, and then a strong solution of acetate of lead and opium to be wrapped about it. He was also told to take every other morning, a little citrate or sulphate of magnesia, to keep the bowels in a soluble condition, and prevent griping from the accumulation of bile, which the calomel will be sure to excite. He should avoid meat, and remain in the house, with the foot elevated.

—— In Germany, to 46,000,000 of population, there are 141 lunatic asylums, 92 public and 49 private. These asylums contain 19,550 patients; the private 1727, and the public 17,833. There are 83 directors, 54 physicians in chief, and 124 assistants, to superintend them.

Medical Societies.

NEWARK (N. J.) MEDICAL ASSOCIATION.

(JUNE MEETING.)

Fracture of Skull—Death from Concussion—Stricture of Œsophagus—Death—Choleraic Diarrhœa—Discussion on Uterine Agents.

Fracture of Skull—Death from Concussion.

Dr. LEHLBACH presented the portion of the skull of a man, involving a fracture, which had been produced by a violent blow with a hammer, resulting in instant death. There was, on making the post-mortem examination, a scalp wound on the left side of the head, over the parietal bone, two inches to the left of the median line, and at the apex of an angle formed by two lines, one a little over three inches from the tip of the ear, and the other seven inches from the outer angle of the left eye. On dissecting off the integument the wound was found to implicate the skull. The bone presented an irregularly circular fracture, comminuted, and some of the fragments driven in upon the membranes of the brain. In the centre of the fracture the external and internal plates of the bone had been separated, and on removing the skull an irregular portion of the inner plate, about three-fourths of an inch by one-third of an inch in its cross diameters, was found entirely separated from the skull, and somewhat firmly attached and adherent to the dura mater.

The membranes of the brain and its substance, in an area of nearly two inches in diameter, corresponding to the external injuries, were found highly congested and infiltrated with blood. There was, however, no perforation or laceration of the dura mater. The brain itself was found in a perfectly normal condition. No counter-fracture could be found. Thoracic and abdominal organs healthy. The inference from these appearances was that death was produced by concussion of the brain.

Stricture of the Œsophagus—Death.

Dr. LEHLBACH also presented a portion of the œsophagus and adjacent parts of a lady forty-two years of age, who had died a few days previously. During the latter part of her illness she had been attended by some "herb doctor," and hence no intelligent account of the symptoms could be obtained, except the facts that she had extremely emaciated during the last few months, and had difficulty of swallowing food, which was generally retained but a few moments and then rejected. Dr. COLES had prescribed for her once or twice casually some two months ago, and diagnosticated disease of the pylorus or stomach, or some portion of the upper digestive canal.

The body, on post mortem examination, was found in a state of extreme emaciation. On opening the thorax and abdomen search was made at first for the stomach, which was not immediately recognized on account of its extreme contraction. It presented the shape of an elongated curved tube, at no point measuring over an inch and three-quarters in breadth (from its convex lower to its upper concave border), and empty. No abnormal deposits or appearances could be found in its substance or at its extremities. The cardiac orifice presented no obstruction. Evidently the organ had become chronically atrophied and contracted from want of use. On tracing the œsophagus upward, when reaching a point in the line with the second rib, a little below the bifurcation of the trachea, the œsophagus was found imbedded in and surrounded by hard, roundish, irregular masses, completely obstructing the tube, the internal surface of which presented an ulcerated roughened appearance at the constricted portion. *The constricting masses were mainly enlarged bronchial glands which had undergone tubercular degeneration*, and were filled with calcareous deposits of various degrees of consistency throughout their substance.

It was evident that no food could have passed through the tube for some time; that the contraction of the œsophagus below the point of constriction and the remarkable shrinking of the stomach, were due simply to want of natural stimulus and action, and that death resulted from starvation.

Choleraic Diarrhœa.

Dr. BALDWIN related the case of a female who had stools resembling rice-water, of a peculiar odor, but not fæcal, occurring at short intervals. The pulse was not abnormal, and there were no signs of collapse. In a few hours, convalescence followed, under the use of small doses of camphor, opium, and chloroform.

Discussion on the Value of Uterine Agents in Labor.

Dr. BALDWIN, in opening the discussion, briefly reviewed the various uterine agents. Stimulants, especially alcoholic drinks, proved often injurious, still they do not absolutely interfere with labor, as it is known to progress in a state of intoxication.

Uterine pains also continue during anæsthesia, but like stimulants, in ordinary cases, anæsthetics are not advisable, particularly chloroform given to produce its full influence.

Opium is of advantage in some cases. The sedative effect is frequently very short, and the pains subsequently powerfully increased.

Venesection, as far as he could recollect, seemed to retard labor.

Cathartics hasten labor, and whenever required, may be employed with advantage.

Cold excites the uterine efforts in a moderate degree. A large draught of cold water, used for this purpose, has the advantage of being harmless.

In cases when the os uteri was rigid, tartar emetic, from its relaxing power, had a good effect. After a short sedative influence, the uterine contractions became stronger, and the duration of labor was shortened by it.

In the full progress of labor, mental influences have but little effect, but if the pains are tardy, the state of the patient's mind is worthy of attention. Fear and despair retard labor, while hope, cheerfulness, and even anger, exert a contrary effect.

Ergot, in some cases in which he had made use of it, produced bad results. Small doses, allow

ing a longer time to elapse during its employment, were best. The contractions were less liable to become uninterrupted, and its good purposes were obtained without unduly exciting the mother or endangering the life of the fœtus.

The use of the hand, of the forceps, and the operation of craniotomy, would be considered at a later stage of the discussion.

Dr. HICKEY took exception to some of the remarks of Dr. BALDWIN, as to the action of two of the agents mentioned by him, viz., ergot and opium. Dr. H. had found ergot a most useful agent in obstetrical practice. Notwithstanding that the five-drop doses of the fluid extract had been strongly recommended, he would prefer using the infusion from fresh secale, ʒj. and aquæ bul., f.ʒiv., given in three doses, at intervals of ten minutes. This preparation he has always found to meet his expectations.

As to the use of opium, it has, by its sedative power, the property of arresting uterine action, and he now remembered two cases where great and unnecessary suffering was brought on by its use. The opium was given in the form of tincture, in doses of f.ʒj. and f.ʒss., interfering with and arresting uterine action, without a total relief from pain.

Dr. MILLS remarked that the differences of opinion in regard to the efficacy of ergot might be reconciled, if we took in consideration the period of labor in which the article is given. That it is a very powerful and certain parturient, all agree. But if given too early or indiscriminately in labor, before the os uteri is dilated, and the soft parts sufficiently relaxed, nothing but positive harm can result from it.

When the os uteri is not well dilated, the external parts unrelaxed, and especially when there is the least abnormity in the relative proportions of the child and the parturient canal, ergot should be resorted to with extreme caution. Although this is generally taught the student and understood in the profession, yet its importance, he thought, was not sufficiently impressed upon the minds of some practitioners.

Having, perhaps, never seen or experienced in practice any of the injurious or even fatal effects of this powerful agent, they have come to use it frequently and indiscriminately, in many cases simply as a *time-saving* agent. Retention of placenta, convulsions or asphyxia of the child will, sooner or later, certainly occur, to disappoint those who would save time by the use of ergot in this manner.

Ergot is not, as some suppose, confined to a single action, expending its force upon the uterus alone. We know it affects the system, especially that of circulation, else why have we gangrene, spasm, etc., resulting from its use? We know that, in small doses, it does not produce the convulsive evanescent contractions of the uterus which accompany labor, but a slow molecular contraction or toxicity, permanent and prolonged; hence its value in restraining hæmorrhage, in all varieties of which it has been employed—in that of the lungs as well as of the uterus. It enters the circulation, and affects the spinal centre. In large doses, such as are employed when used as a parturient, it seems to be specially directed to the lower portion of the spinal marrow. In these and smaller doses, may it not also have a general effect, producing contraction of the capillaries generally, or interfering with the circulation in those vessels in some way to arrest the flow of blood through them? In this way we might account for its efficacy in restraining hæmorrhage, as also for the gangrene which has been known to result from its use. Its interference with the circulation between mother and child is abundantly proven. After its use, in several instances, the cord has been found bloodless. Yet the more frequent injury to the child is undoubtedly the result of long-continued pressure exerted by the peculiar continuous contraction of the uterus excited by ergot. While ergot cannot be given indiscriminately as a parturient, restricted to those cases indicating its administration, as in cases of protracted natural labor where the os is dilated, the membranes ruptured, the soft parts relaxed and moist, with no extra-uterine impediment to the passage of the child, and with the head too high for convenient application of the forceps, he deemed it of great value, had never seen any injurious effects follow its use under such circumstances, and believed it ought to be used in preference to the forceps.

In regard to the use of opium as a uterine agent, while he agreed with Dr. HICKEY, that it may retard labor for a time, it had invariably, in his hands, indirectly hastened the termination of labor through its sedative effect, allaying nervous irritability, suspending for a time ineffectual and exhausting labor pains, endured perhaps for hours, with no profit or advancement. The woman sleeps quietly, and a recuperated energy is secured to the uterus and to the general system, which rapidly terminates a labor that would otherwise be tedious and prolonged.

Dr. CROSS stated that the only remedial agents which he had ever used with the view of producing an effect upon the uterus during labor, by which he hoped to expedite the process and relieve the patient of unnecessary suffering, were ergot, antimony, ipecacuanha, and opium.

Ergot had certainly disappointed him. In many cases it failed to produce any effect, whether owing to the worthlessness of the preparations or the insusceptibility of some constitutions to its peculiar effects, he was not prepared to say. The preparations which he had most generally used were the infusion of the powder, or the wine, neither of which were uniform in their action.

The specific effect, when attained, he had generally found to be *clonic spasm* of the uterus, thereby causing great suffering to the patient and greatly endangering the life of the infant. He had seen a number of well-developed infants stillborn after its use, and others with a feeble respiration, which soon ceased, in spite of all care, or could be kept up only by the assistance of all appliances known to our art. He had witnessed such scenes with an accusing conscience, feeling that if labor had been left to nature, neither the suffering of the mother nor the condition of the child could have been worse. If the hours of labor had been shortened by the use of the drug, the suffering had been proportionally intensified, and if there had been danger to the life of the infant

from lingering labor, the danger had only been condensed into a shorter period. He would assure the gentlemen of the Association that he had given ergot for the last time to expedite parturition, unless the small doses recently recommended by an English writer, operate as advantageously and safely as he has proclaimed them to act. If five to seven grains, repeated at intervals of twenty minutes, until two or three doses have been administered, produce pains *with intervals*, as in natural labor, as stated by him, it may deprive it of its dangerous effects. He had, however, never experimented with these small doses. The danger to the infant he had always attributed to the continued pressure of the uterus upon it, under the influence of the ergotine contractions.

Opium, he believed, in full doses, always had a tendency to suspend the action of the uterus. If given early in labor, it may delay the pains for many hours. But that opium under certain conditions expedites the process, he could confidently assert from repeated observations. We often meet with an irritable condition of the os uteri, where the external or dependent portion is well softened and relaxed, while the internal or superior portion is rigid and unyielding, a condition which seems to be continued and confirmed by the contractions of the body of the uterus, seemingly operating as an irritant, vexing a part unready to yield. A full dose of opium suspends the action for a limited time, the rigid portion of the os relaxes under the suspension of the irritant, and when labor is resumed, offers no further resistance to the progress. Under these circumstances, there is no doubt that opium expedites labor. He remembered several instances where the drug was administered, when he did not so well understand the conditions under which it would suspend labor or expedite it, and when he was followed to his office by a messenger summoning him back to the patient, and returned just in time to find the child born, and himself censured for neglect.

As to the other remedies, antimony and ipecacuanha, he had seen labor assisted by their relaxing effect upon the muscular system. A firm, rigid, undilating os uteri, acting as a breastwork of sufficient strength to resist the attacks of the uterus, he had found to yield and become very pliant under their use. In conclusion, he would state his firm conviction that the forceps could always be used where ergot is administered, and that they are safer to the infant and less painful to the mother; hence, if interference is required, preference should be given to the forceps. As to the other agents which had been mentioned, our only guide in administering them can be to ask ourselves, before administering them, what the nature of the obstruction is with which we have to deal, and what effect our agent will produce upon it.

Dr. O'Gorman remarked that the subject under discussion was so extensive that he would confine himself in the few observations he would make to those medicinal agents which are generally employed to obviate some defective condition of the uterus at the time of parturition. They may be divided into three classes—those which retard, those which regulate, and those which excite uterine action.

Opium and its salts, and in fact all narcotic drugs have the property, if given in sufficiently large doses, to weaken, retard, and even arrest the uterine pains. In the first stage of labor, particularly if it be a prolonged first stage, the administration of opium is generally followed by absolute cessation of pain and a sound sleep of several hours duration.

Conjoined with the power of arresting it also, in common with chloroform and other anæsthetics, possesses the property (under certain conditions) of regulating uterine action.

This property is particularly manifest when we have to treat what may be designated as an irritable uterus.

Your patient may have been twelve, twenty-four hours, or even for a longer term, suffering under short, frequent, and ineffective pains. The os uteri, on examination, is found but slightly dilated, having a thin, sharp edge. It is even painful to the touch. There is no downward pressure, the uterine contractions being apparently confined to the circular fibres immediately surrounding the os.

Now, a quarter of a grain of morphia will for a time arrest such pains, and when uterine action returns, it will frequently be of such an expulsive character as to effect delivery sooner than we anticipated or perhaps desired.

We now come to those agents which directly excite uterine contractions. The most powerful are cold, galvanism, and ergot of rye. As not having any personal experience with the two first when employed in labor, he would limit himself to a few general observations on ergot of rye. If he remembered rightly, an American physician first discovered its peculiar properties and introduced it to general use. When first introduced many obstetrical writers of eminence denied its power, but the general consent of the profession of the present day assigns to it an active, if not a fatal potency. In his hands it has never been productive of any injurious effect to the mother. Given in full doses, it excites the uterus to remittent pain, or more descriptive still, what Dr. Cross styles "clonic spasm." No longer protected by the liquor amnii, no longer relieved or allowed, as it were, a *breathing* spell by the interval which occurs between regular uterine contractions, the fœtus thus subjected to a continuous pressure for one, two, or three hours, is born in a strangulated condition. When we succeed in resuscitating we may thank our good fortune; too often the best directed effort will prove ineffectual.

It has been asserted by some writers that the ergot acts as a poison on the fœtus. The poison, in his opinion, is the pressure. He once heard of a student who attempted to take a cast of the entire chest of a patient who labored under a strange physical deformity. As the plaster began to set, so uniform and intense was the pressure, that instead of making a cast he almost made a case of his subject.

Such unfortunate results he had seen directly referable to the action of ergot that he had not for many years prescribed it during the progress of labor.

"Meddlesome midwifery," as old DENMAN said, "is bad," and we must all agree with this emphatic utterance of one of the master minds of our profession. Attend to the condition of the bowels and bladder, sustain the moral and physical energies of our patient, as far as possible, and then we may safely give nature a full and fair trial. Parturition is a *natural* process, and should be left as long as possible to *natural* resources.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Minutes of 17th Annual Session, held at Wilkesbarre, June 1866.

The Medical Society of the State of Pennsylvania convened at Wilkesbarre, June 13th, 1866, in the Masonic Hall, at 11 o'clock, A. M.

Dr. WILLIAM ANDERSON, of Indiana county, President, in the chair, supported by Vice-Presidents, Drs. N. L. HATFIELD, R. B. MOWRY, and JAMES MCCONAUGHY.

The Treasurer, Dr. W. MAYBURRY; the Permanent Secretary, Dr. W. B. ATKINSON; and the Recording Secretaries, Drs. I. NEWTON EVANS and JAMES R. LEWIS, were also present.

Rev. R. H. WILLIAMSON, of Wilkesbarre, opened the meeting with prayer.

Dr. W. F. DENNIS, on behalf of the Committee of Arrangements, welcomed the delegates to the place in the following cordial address:

Mr. President, and Gentlemen of the Medical Society of the State of Pennsylvania:

It was by an odd mischance that the most diffident man in the profession has been chosen, by the Committee of Reception of the Luzerne County Medical Society, to do the honors of this occasion. But gentlemen, I am sure no one could have been selected, who, from the bottom of his heart, can assure you of a more hearty welcome to the classic shades of Wyoming, for himself, and on behalf of the Society he has the honor to represent.

We welcome you, gentlemen, for many reasons. We welcome you as a class of men more self-devoted, more courageous, more humane, more charitable than any other.

All honor to the usual *type* of self-devotion, the Missionary of the Cross, who has the strongest possible motive to impel him to self-devotion to his fellow-man. The love of Christ constraineth him; yours is only the love of suffering man himself. Yet are his trials and fatigues, his dangers and exposures, greater than yours?

It is easy to face the cannon's mouth in the whirl and glory of the shouting charge, with the world to admire its gallantry or to hiss to scorn the lagging coward. Does it require less of the noblest courage to face the hazard of foul contagion to self or the loved ones at home? Is it easier to calmly, quickly, silently, and unnoticed, battle with the "pestilence that walketh in darkness or the destruction that wasteth at noonday?" Is it more charitable to spend of the surplus accumulations of commerce and trade, or to give your coveted rest, your social pleasures, your brain, your health, and a third of your length of days?

As such, heroes of humanity, we welcome you. As the representatives of that profession which contains in itself more of that learning which tends to ameliorate the condition of man, to find out and apply the principles and laws of nature, to wed more closely the arts and sciences, that bread may be gained with less sweat of the brow by all who will to work, we welcome you. Again, a more *selfish* motive bids us welcome you. We need your help to stay the flood of medical nonsense and knavery which seems to be sweeping over the land as with a besom, with redoubled energy, deluding and destroying the weak, the ignorant, and the foolish.

That your short stay in our valley will not be one of pleasure to you all, shall not be because we do not use all the limited means at our command to make it so. Again we bid you all a hearty welcome to our town.

Dr. URQUHART, on behalf of the Committee of Arrangements, offered the following programme for the sessions of the society, which was adopted:

The society will meet at 3 P. M. and 8 P. M. on Wednesday, and 9 A. M. and 3 P. M. on Thursday. At 4 P. M. on Wednesday a visit will be made to the Baltimore coal mine.

The Committee of Arrangements, acting as a Committee on Credentials, reported the names of the duly accredited delegates, ex officio delegates, and permanent members, from the following counties: Allegheny, Berks, Bradford, Bucks, Carbon, Columbia and Montour, Dauphin, Lehigh, Lancaster, Lycoming, Luzerne, Montgomery, Northampton, Perry, Philadelphia, Schuylkill, Susquehanna.

On motion, the Secretary called the roll of members.

On motion of Dr. MOWRY, of Allegheny, the following resolution was adopted:

Resolved, That the delegates of the Carbon County Medical Society be received, and that the new society be not held responsible for the debts of the old society.

On motion of Dr. I. N. EVANS, the hour of 9 P. M. on Wednesday was set apart for the delivery of a lecture by Dr. J. Solis Cohen, of Philadelphia, on Laryngoscopy.

The President, Dr. WM. ANDERSON, then delivered the annual address.

On motion of Dr. JAS. MCCONAUGHY, a vote of thanks was extended to the President for his able, interesting, and instructive address, with a request that he furnish a copy for publication.

On motion, Drs. J. W. Gibbs, Sr., J. W. Gibbs, Jr., H. Ladd, S. B. Sturdevant, G. Underwood, B. H. Throop, R. A. Squire, Chas. Burr, and W. W. Gibbs, all of the Luzerne County Medical Society, were admitted to seats with the society.

Drs. Geo. Burr and John G. Orton, regularly accredited delegates from the Medical Society of the State of New York, were introduced and invited to seats in the convention, and also to take part in its deliberations and discussions.

Dr. Burr, on behalf of the Commission, gave expression to his sentiments, hoping that the cordial and reciprocal feelings now existing between the two sister societies may still continue to exist

without interruption for many long years to come.

Dr. N. L. Hatfield, of Philadelphia, on behalf of the Medical Society of Pennsylvania, welcomed the delegates, reciprocating the kind expressions of the New York delegation.

Dr. McConaughy offered a preamble and certain resolutions, as a form or basis of a series of resolutions to be submitted to the Legislature of Pennsylvania for the enactment of a law to suppress empiricism, and to protect the community from the baneful results of such practice, which, on motion, were referred to the Committee of Five, who were to report before the close of the sessions.

Dr. Jas. McConaughy, Westmoreland;
Dr. Hiram Corson, Montgomery;
Dr. Traill Green, Northampton;
Dr. Jeremiah Seiler, Dauphin;
Dr. Winthrop Sargent, Philadelphia,
Committee.

On motion, the county societies were requested to present the name of one of their delegation to act on the Committee on Nominations.

On motion, the society adjourned to meet at 3 P. M.

Wednesday, 3 P. M.

The society met according to adjournment. President in the chair.

The minutes of the morning session were read and approved.

The report of the Commissioners—Drs. Shrack, Sargent, and Mayburry—to the Medical Society of the State of New Jersey, was read and referred to the Committee of Publication.

The report of the delegates to the New York State Medical Society, Drs. Treichler and Lewis, was read, and also referred to the Committee of Publication.

On motion of Dr. Horton, a committee of three was appointed to report on unfinished business. Committee—Drs. Horton, Smaltz, Crawford.

Dr. Hiram Corson, of Montgomery county, presented the following communication:

"*Whereas*, Medical organizations, such as National, State, and County Societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means of promoting medical knowledge and elevating the character of the profession; therefore,

Resolved, That it is with sincere regret that we, the members of the Montgomery County Medical Society of Pennsylvania, learn that some honorable members of the faculties of our medical colleges, in Philadelphia and elsewhere, have kept aloof from the county societies, on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct, or low standard of medical attainment, or disregard of medical etiquette, prohibits them from membership in those societies.

Resolved, That, as graduates of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College, we have a high regard for the teachers of these institutions, and feel that they owe it to the profession, and to our *almæ matres*, to give their hearty support to medical organizations in general, and especially to County and State medical societies.

Resolved, That although colleges are entitled to representation in the American Medical Association by one or more of their professors, we are decidedly opposed to any college or any other medical organization being represented by a professor who is not a member of a county society.

Resolved, That the Corresponding Secretary of this society be instructed to report these proceedings to the Philadelphia County Medical Society, and that our delegates be charged to lay them before the American Medical Association at the coming meeting, to be held in Baltimore on the 1st day of May next, as well as before the Medical Society of the State of Pennsylvania, at its next meeting, to be held in Kingston, in Luzerne county, on the 13th day of June ensuing.

William P. Robinson, *President*,
E. Smyser, *Recording Secretary*,
Montgomery County Medical Society, State of Pennsylvania."

On motion, the resolutions were referred to a committee of three, consisting of Drs. H. Corson, Traill Green, and J. T. Carpenter.

Dr. H. Corson introduced the following preamble and resolution:

"*Whereas*, At a meeting of this Society, held in Philadelphia, in June, 1860, the following resolution was passed, viz.

"'*Resolved*, That it is the sense of this Society that members of the medical profession cannot consistently with sound medical ethics consult or hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership in the American Medical Association,'

"Therefore, *Resolved*, That the above resolution be and is hereby rescinded."

Dr. Mayburry moved to lay the resolution on the table, which, on a call of the yeas and nays, was decided in the negative.

On motion, the Society adjourned until 8 o'clock, P. M.

8 o'clock, P. M.

President in the chair.

The roll was called.

The minutes of the afternoon session were read and approved.

On motion of Dr. Mayburry, Dr. George Fox was admitted to a seat in the convention.

The Permanent Secretary read the following names, as composing the Nominating Committee:

Allegheny, J. Semple; Berks, D. L. Beaver; Blair, G. W. Smith; Bradford, Geo. F. Horton; Bucks, E. Hellyer; Carbon, R. Leonard; Columbia and Montour, D. W. Montgomery; Dauphin, J. Roebuck; Lancaster, J. M. Dunlap; Lehigh, E. G. Martin; Luzerne, J. R. Lewis; Lycoming, J. S. Crawford; Montgomery, F. B. Poley; Northampton, Traill Green; Perry, Jos. Swartz; Philadelphia, W. Sargent; Schuylkill, J. T. Carpenter; Susquehanna, C. C. Halsey; Westmoreland, Jas. McConaughy.

Dr. H. Corson then called up the resolution

which was being discussed at the close of the afternoon session.

The question was freely discussed in the affirmative by Drs. Traill Green, Allen, Atlee, Corson, and others; in the negative by Drs. Mayburry, Hatfield, and others.

On motion, the yeas and nays were called on the motion to rescind, and were as follows:

AYES—Silas M. Benham, John Semple, T. W. Shaw, W. J. Gilmore, E. P. Allen, Geo. F. Horton, R. Leonard, A. A. Zeigenfuss, J. Seiler, W. Herbst, E. G. Martin, J. S. Crawford, Traill Green, Hiram Corson, W. L. Atlee, Winthrop Sargent, C. C. Halsey, I. Newton Evans, D. L. Beaver, J. A. Laross, F. B. Poley, Wm. B. Atkinson, Wm. Anderson = 23.

NAYS—James King, G. W. Smith, J. M. Gemmill, D. W. Bonebreak, D. W. Montgomery, H. C. Harrison, John Curwen, R. J. Roebuck, J. M. Dunlap, Geo. Urquhart, E. R. Mayer, J. E. Singer, Jos. Swartz, J. H. Case, Jas. Cummiskey, Thos. Hay, A. G. B. Hinkle, J. Solis Cohen, J. H. Smaltz, J. T. Carpenter, Jas. McConaughy, N. L. Hatfield, Jacob F. Treichler, W. L. Richardson, Wm. Mayburry, R. B. Mowry, James R. Lewis = 27.

The time set apart for Dr. Cohen's lecture having arrived, the business of the Society was suspended, and the Doctor delivered a most interesting and instructive lecture on the use of the laryngoscope.

Dr. Mayburry, Treasurer of the Society, presented his report, which was read and referred to an auditing committee, consisting of Drs. James King, J. Curwen, W. L. Atlee.

The chairman of the Committee on Unfinished Business, reported that, after a careful examination of the minutes of last year's session, the only item found was the report of the Committee on Medical Organization of Cumberland county. The report was received and the committee discharged.

Dr. Mowry offered the following resolution, which was seconded.

"*Resolved*, That the resolution of 1860 (previously discussed) is not intended to prevent the members of this Society from consulting with regularly educated female physicians who observe the Code of Ethics."

Owing to the lateness of the hour and the difficulty in taking the vote, in consequence of so many members being on the floor on other business, the question was not decided.

On motion, the Society adjourned, to meet on Thursday morning, at 9 o'clock.

Thursday, June 14, 9 *A. M.*

The Society met, according to adjournment.

President in the chair.

The roll was called by the Permanent Secretary.

Minutes of the last evening's session were read and approved.

The sanitary reports of the Montgomery, Westmoreland, Bradford, Berks, Indiana, Northampton, Allegheny, Perry, Schuylkill, Susquehanna, Bucks, Blair, Lehigh, Lycoming, Luzerne, Dauphin, Carbon, and Philadelphia County Medical Societies were presented and referred to the Committee of Publication.

The Auditing Committee, to whom was referred the Treasurer's report, reported that they had examined his vouchers and compared them with his accounts, and found them to be correct.

They also recommend the adoption of the following resolution, which was appended to the Treasurer's report.

"*Resolved*, That the Treasurer be instructed to cancel all arrearages of county societies which have been due and unpaid for six years or longer."

(Signed) JAMES KING.
H. CORSON.
W. L. ATLEE.

Wilkesbarre, June 14, 1866.

On motion, the report was received and the committee discharged.

On motion, the resolution recommended by the committee, to cancel dues unpaid for six years or longer, was negatived.

The resolution offered by Dr. Mowry, and pending at the close of the evening session, was again called up, and Dr. Mayburry offered the following, which was seconded by Dr. Mowry.

"*Resolved*, That the resolution offered by Dr. Mowry be referred to the several County Medical Societies with instructions to report thereon at the next meeting of this Society."

This resolution was unanimously adopted.

The committee appointed to draft a petition and form of enactment, to be presented to the State Legislature, on empiricism, etc., reported that, in consequence of the limited time allowed for that purpose, and the importance of the subject, they deem it unwise to present anything for the consideration of this body at this time, and desire (if it be the wish of the Society) to be continued until the next meeting of the Society.

On motion, the committee was continued, with the addition of one member from each county society here represented and not already represented on the committee:

James McConaughy, Westmoreland; H. Corson, Montgomery; T. Green, Northampton; J. Seiler, Dauphin; W. Sargent, Philadelphia.

Additional members of the committee:

J. H. Case, Perry; E. G. Martin, Lehigh; T. Lyon, Lycoming; J. F. Treichler, Schuylkill; T. W. Shaw, Allegheny; D. W. Montgomery, Columbia; R. Leonard, Carbon; J. R. Lewis, Luzerne.

The committee appointed on the resolutions offered by the Montgomery County Medical Society, presented their report, which was adopted.

On motion of Dr. Mayburry, the vote was reconsidered, for the purpose of making some alterations and amendments.

The resolutions were altered and amended to read as follows:

"*Whereas*, Medical organizations, such as national, state, and county societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means for promoting medical knowledge and elevating the character of the profession; therefore,

"*Resolved*, That it is with sincere regret that we, the members of the Medical Society of the

State of Pennsylvania, learn that some honorable members of the Faculties of our Medical Colleges in Philadelphia have kept aloof from the county societies, on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct or low standard of medical etiquette prohibits them from membership in those societies. Therefore,

"*Resolved*, That as graduates of the University of Pennsylvania and the Jefferson Medical College, we have a high regard for the teachers of these institutions, and feel that they owe it to the profession and to our Almæ Matres, to give their hearty support to medical organization in general, and especially to the County and State medical societies.

"*Resolved*, That, although colleges and hospitals are entitled to representation in the American Medical Association, by one or more of their number, we are decidedly opposed to any college, hospital, or any other medical organization being represented by a delegate who is not a member of a county society.

"*Resolved*, That the members of this Society deem it unadvisable to send their students to schools whose teachers do not become members of county societies.

"*Resolved*, That the Permanent Secretary be instructed to transmit these proceedings to the Faculties of the Medical Departments of the University of Pennsylvania, and of the Jefferson Medical College, and that our delegates to the American Medical Association be requested to present them to that body at its next meeting, to be held on the first Tuesday of May next, at Cincinnati, with instructions to urge an amendment to its constitution, in accordance with these resolutions."

Hiram Corson.
Traill Green.
John T. Carpenter.
Committee.

On motion, the foregoing resolutions were unanimously adopted.

Dr. Curwen, Superintendent of the State Lunatic Asylum, Pennsylvania, made some interesting statements, and read the following, as unanimously adopted at the meeting of the Association of Medical Superintendents of American Institutions for the Insane, at its meeting in Washington, D. C., in April, 1866.

1. Every State should make ample and suitable provision for all its insane.

2. That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

3. The large States should be divided into geographical districts of such size, that a hospital situated at or near the centre of each district will be practically accessible to all the people living within its boundaries, and available for their benefit in cases of mental disorder.

4. All State, County, and City hospitals for the insane should receive all persons belonging to the vicinage designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.

5. All Hospitals for the Insane should be constructed, organized and managed substantially in accordance with the propositions adopted by the Association in 1851 and 1852, and still in force.

6. The facilities for classification or ward separation possessed by each institution should equal the requirements of the different conditions of the several classes received by such institutions, whether these different conditions are mental or physical in their character.

Dr. Carpenter offered the following resolution, which was unanimously adopted.

"*Resolved*, That the propositions read by Dr. Curwen, as having been unanimously adopted at the meeting of the "Association of Medical Superintendents of American Institutions for the Insane," held in April, 1866, meet with the cordial endorsement of the Medical Society of the State of Pennsylvania."

Dr. H. Corson offered the following resolution which was unanimously adopted.

"*Resolved*, That the County Medical Societies be requested to make a careful examination of the condition of the insane in their counties, and report the same to the Representatives of these counties before the next meeting of the Legislature, and also to the annual meeting of the Medical Society, to be held in Pittsburg, in June next."

Dr. Cohen offered the following preamble and resolution.

"*Whereas*, The investigation of special subjects in medicine and surgery has, within the past few years, developed professional knowledge to an extent unprecedented in the previous history of medicine; *and whereas*, such division of labor is calculated to ensure more precise knowledge of pathology and therapeutics, be it

"*Resolved*, That the Medical Society of the State of Pennsylvania encourage the study and practice of specialties by properly qualified scientific practitioners."

After much discussion, the resolution was negatived.

Dr. Sargent offered the following resolution:

Resolved, That it is the sense of this society that the surgical and medical history of the war, prepared by the Medical Bureau, would be an invaluable contribution to science, and a great public benefit. We would, therefore, recommend Congress to make the necessary appropriation for its publication. Adopted.

On motion of Dr. Carpenter, it was resolved that a copy of this resolution, endorsed by the State Society, be sent to the Surgeon General U. S. A.

Dr. King, Chairman of Committee on reception and examination of brief papers in rare and interesting cases, reported that but one paper had been received. He moved that the paper submitted by A. J. Davis, of ———— county, which reports an interesting case, be accepted, and submitted to the Committee of Publication. Adopted.

The Committee on Nominations presented the following report, which was unanimously adopted by the society:

President—James King, Allegheny co.

Vice-Presidents—Geo. Urquhart, Luzerne co.; J. E. Singer, Perry; Jno. Curwen, Dauphin; E. P. Allen, Bradford.

Corresponding Secretary—WINTHROP SARGENT, Philadelphia co.

Recording Sec'y—JOHN SEMPLE, Allegheny co.

Treasurer—WM. MAYBURRY, Philadelphia co.

Censors, First and Second Districts—D. F. Condie, Philadelphia co.; Traill Green, Northampton; Hiram Corson, Montgomery; Isaac Thomas, Chester; John L. Atlee, Lancaster; O. P. James, Bucks; George F. Horton, Bradford; P. Wiley, Berks; Latham A. Smith, Susquehanna; Theodore C. Yeager, Lehigh.

Third and Fourth Districts—G. W. Smith, Blair co.; R. W. Christy; J. S. Crawford, Lycoming; James H. Case, Perry.

Fifth and Sixth Districts—S. P. Cummings, Beaver co.: R. B. Mowry, Allegheny; B. C. Jillson; T. C. McCullough, Armstrong; Robert Brown, Westmoreland.

Delegates to the American Medical Association—W. Mayburry, Philadelphia co.; J. T. Carpenter, Schuylkill; Wm. Herbst, Lehigh; E. R. Mayer, Luzerne; D. L. Beaver, Bucks; W. J. Gillmore, Allegheny; J. Seiler, Dauphin; J. M. Gemmill, Blair; J. McConaughy, Westmoreland.

Additional Members of Committee on Publication—Winthrop Sargent, Philadelphia co.; Wm. B. Atkinson, do.; James Cummiskey, do.

Delegates to the Medical Society of New Jersey—J. R. Lewis, Luzerne co.; J. F. Treichler, Schuylkill; James Cummiskey, Philadelphia.

Delegates to the Medical Society of New York—E. P. Allen, Bradford co.; Traill Green, Northampton; E. G. Martin, Lehigh.

Delegates to the Medical Society of Ohio—R. Leonard, Carbon co.; J. T. Carpenter, Schuylkill; Geo. F. Horton, Bradford.

The next place of meeting of the society, Pittsburg.

Committee of Arrangements and Credentials—R. B. Mowry, A. Fleming, T. J. Gallagher, Allegheny co.; Wm. B. Atkinson, W. Mayburry, Philadelphia co.

On motion, the newly-elected President was conducted to the chair by Drs. Dunlap and Crawford.

The Vice-Presidents were also invited to take their seats upon the platform.

The President on taking the chair addressed the society, thanking them for the honor conferred.

On motion, it was

Resolved, That the thanks of the Medical Society of the State of Pennsylvania be offered to the retiring President and officers of the society for the able, impartial, and judicious manner in which their duties have been performed.

On motion, it was

Resolved, That the thanks of the society be presented to the citizens of Wilkesbarre for their hospitality and attention to the delegates; also, to the Masonic Order for their generosity and kindness in granting the use of their hall.

On motion, it was

Resolved, That the thanks of the society be presented to the Committee of Arrangements and those members of the Luzerne County Medical Society, who assisted to provide such satisfactory accommodations and entertainment for the comfort of the society.

On motion,

Resolved, That the thanks of this society are due to the permanent Secretary for the arduous services rendered by him in behalf of the society and its members.

On motion of Dr. Atkinson, it was

Resolved, That the thanks of this society be presented to the following railroad companies for granting excursion tickets and free return passes over their roads, viz., North Pennsylvania Railroad, Lehigh Valley Railroad, Lackawanna and Bloomsburg Railroad, and Pennsylvania Central Railroad.

On motion, it was

Resolved, That when this society adjourns, it adjourn to meet in Pittsburg on the second Wednesday in June, 1867, at 4 o'clock P. M.

The minutes were read and approved.

The society then adjourned.

J. NEWTON EVANS, Montgomery co.,
J. R. LEWIS, Luzerne co.,
Recording Secretaries.
W. B. ATKINSON,
Permanent Secretary.

EDITORIAL DEPARTMENT.

Periscope.

Ascaris Lumbricoides in the Trachea.

Dr. PHILIP CRAMPTON SMYLY of Dublin, reports in the *Dublin Quarterly Journal* for May the case of a child, a fine, healthy-looking boy, who died from the presence of a lumbricoid worm in the trachea.

When Dr. SMYLY saw the child it was in a state of complete anæsthesia; the eyes were half closed, and beginning to glaze; the respirations were very labored. These symptoms had come on suddenly in the afternoon.

Dr. SMYLY passed his finger between the teeth into the pharynx, when it met a soft spongy mass. On pressing through this the finger distinctly entered the larynx, and he considered that this soft mass was œdema, the steady increase of which had given rise to the steady increase of the symptoms. After a fit of asphyxia, from which the child was recovered only by artificial respiration, laryngotomy was performed. The breathing became much embrrrassed when the catheter was removed, though the air passed freely through the tracheal tube. Shortly after the operation the child appeared to be sinking; some brandy and water by the mouth, and some brandy and turpentine by the rectum, revived it again. For some hours it breathed calmly through the tube; convulsions however, set in during the night, the attacks increasing in violence and frequency until about eight o'clock next morning. The intervals then became longer, and the attacks less violent until four o'clock the next morning, when the pulse began to fail and the child died two hours afterwards.

Post mortem examination. When the tongue was drawn down, after detaching the structures from the lower jaw, the pharynx was found filled with a mass of round worms. The parts were

then removed together; and on laying open the œsophagus, so as to see the top of the windpipe, no œdema was discovered, only slight traces of inflammation about the epiglottis and arytenoids. Protruding, however from the glottis, was the head of a round worm. On dividing the trachea down to the bronchial tubes the rest of the worm was brought to view. It lay with its head protruded from the larynx, the tail just below the vocal cords, and its lap resting on the bifurcation.

Surgical Uses of Liquid Glass.

The *Brit. Med. and Surg. Journal* quotes from *Giornale Veneto and Bull. de Thérap.* some remarks on the uses of liquid glass. This is a silicate of potash, which is soluble in hot water, but insoluble in cold. It has been used for rendering structures incombustible, for protecting against moisture, etc., and the late Professor Schuh, of Vienna, employed it in surgery, and made a communication on the subject to the Medical Society of that city. He first used it in a case of arthritis of the elbow-joint. The solution is applied by means of a brush over the ordinary bandages. The advantages which this application is said to possess are the following: 1. It is simple and easy of application. 2. It dries and hardens rapidly, requiring for this purpose only five or six hours. Desiccation may be favored by using a solution evaporated to the consistence of a syrup. 3. It is very solid and impermeable. 4. It is readily removable by means of hot water. 5. It is very economical. Before putting on the bandages, a layer of liquid glass may be applied over the limb. At the Venice General Hospital, Dr. Minich has used the liquid glass with great advantage, in three cases of coxalgia, in seven cases of fracture, and in three cases of disease of the knee-joint. He has found it to possess superior advantages as regards solidity and durability. Plaster of Paris becomes sooner hardened, but is very heavy in comparison with the silicate of potash.

Reviews and Book Notices.

The Microcosm: A Poem, Read Before the Medical Society of New Jersey at its Centenary Anniversary; with the Address delivered as President, January 24, 1866; by Abraham Coles, M. D. New York: D. Appleton & Co. 1866. 12mo. Pp. 91. *Price*, $1.75.

Welcome to the Muses—all of them—within the temple of Medicine. Was not Apollo the God of Medicine as well as of Art? Were not Goldsmith and Akenside, as well as Armstrong and Holmes, doctors? Sir Humphrey Davy wrote verses in his youth, and so did our S. G. Morton and J. K. Mitchell. Poetry has been defined as "the breath and finer spirit of all knowledge." If so, it should not, and we believe does not, have any incompatibility with exact science.

Still, there are fewer good poets than good physicians. Of some of the latter who write, we are obliged to think according to the antithesis once applied to a nobleman who aimed at wit: they may be poets among doctors, but they are only doctors among the poets.

But Dr. Coles' poem, if delivered as well as it has been written, must have delighted his auditory on the unusually interesting occasion for which it was prepared. It is an elegant composition; the fruit of much thought, refined feeling, and culture. Were we among its author's patients, we should surely look up to him with more reverence after reading its pages, and without one whit less confidence in his prescriptions. We have no doubt, indeed, that the latter are more complete always than his couplets, as these have sometimes too many feet, and end occasionally with rhymes not officinal with Pope, Campbell, or Bryant.

To give our readers a favorable idea of the style of the poem, all of which will repay perusal, we may cite one of its most forcible passages. Its subject (p. 68) is what we would call in prose the *waste of tissue*:

> "Beyond the boundary of our every breath,
> Wide yawns the open sepulchre of death:
> Parts of our living selves give up the ghost;
> Corrupt, corrupting, use and function lost,
> Benignant Nature, with victorious force,
> Effects deliverance from the loathed corse
> And body of this death. In ceaseless flow
> Fun'ral processions of dead atoms go,
> Thronging life's ways and outward opening gates,
> All unattended, where no mourner waits.
> Because the quick have duties, let the dead
> Bury their dead, the Lord of life hath said.
> No fear that needful ministry or rite
> Shall then be wanting when they pass from sight;
> Sown on the winds or swallowed of the waves
> They shall not fail of hospitable graves.
> Dear to terrestrial and celestial powers,
> Through every moment of the flying hours;
> Earth, careful mother, to her bosom draws
> Each reverent particle subject to her laws;
> Dust welcomes dust, and all the happy ground
> Rejoices that the lost again is found.
> Again it forms a portion of the mould
> To tread the circle it fulfilled of old.
> Again it ministers to the thirsty root,
> Mounts to the blossom and matures the fruit;
> Eaten again, again it makes a part
> Or of the thinking brain or feeling heart."

Other fine lines occur, as in the description of the brain (p. 38), and in that of the ear (p. 57); but on the whole, the poem is somewhat too long. The Messrs. Appleton have published it in exquisite style. It deserves a place in every physician's library, as one of the *elegantiæ* of medical literature.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 14, 1866.

AN INTERNATIONAL MEDICAL CONGRESS.

We have received the following communication, which we translate as literally as possible.

Paris, June 1st, 1866.

To the Editor-in-chief of the
MEDICAL AND SURGICAL REPORTER:

Mr. Editor—An International Medical Congress will assemble in Paris, in 1867, at the occasion of the Universal Exposition. The moment has arrived to inform our brethren of the project itself, and of the steps which have been taken to assure its success. Under these circumstances, we can do no better than to apply for publication in your esteemed journal, and to ask of you the insertion of this note, which we have the honor to address to you.

A Central Committee was formed in Paris, in November last, with the object to prepare the organization of the Congress of 1867, and to respond to the call made by the Congress of Bordeaux.

The members of this Committee are:

MM. E. Barthez, Béclard, Béhier, Bouchardat, Bouillaud, Broca, Dechambre, Denonvilliers, Follin, Gavaret, Gosselin, Jaccoud, Lasègne, Longet, C. Robin, Tardieu, Verneuil, E. Vidal, Würtz.

The Commission organized itself definitely on the 7th of December last, by the appointment of its Bureau, which is constituted as follows:

President—M. BOUILLAUD.

Vice-Presidents—MM. DENONVILLIERS, GAVARET, TARDIEU.

Secretary—M. JACCOUD.

Treasurer—M. E. VIDAL.

This done, we had, before all, to solicit of the Minister of the Interior authorization to realize the project contemplated. This authorization was received on the 20th of March. The Bureau of the Committee has also entered into communication with the Minister of Public Instruction, who, not satisfied with giving his entire approbation to the movement, has allowed us to place it under his high patronage. The Minister of Agriculture and of Commerce has considered the communication which we have had the honor to make to him, with no less favor; and finally, the Minister of Foreign Affairs has deigned to accord his approval, and to promise to make known and recommend the Congress to the representatives of France in foreign countries.

This, Mr. Editor, is the state of things, and we are sure that these conditions, eminently favorable, are in themselves strong guaranties of success. But besides, the Congress assumes, from its special character, an exceptional importance which must not be misunderstood. Passing, in fact, outside of the limits of nationality, in which medical assemblies have thus far moved, the International Congress of Paris will not be a simple re-union of physicians, but it will be the affirmation of the scientific progress of our age, and the first visible act of that intellectual alliance which unites the workers of all countries.

We know the devotion and zeal of the medical press for the true interests of science, we are assured thereby, that in this important matter its precious help will not be denied.

In its coming meetings, the Committee will elaborate statutes and a programme of the Congress, and as soon as they shall be ready, we will have the honor of communicating them to you.

Please accept, Mr. Editor, our thanks and the assurance of our distinguished consideration.

In the name of the Committee.

BOUILLAUD, *President.*

JACCOUD, *Secretary.*

We have cheerfully complied with the request made by the Bureau, and call the attention of the profession of the United States to the importance which this movement really possesses. There may be some doubts at present, whether, if the war just inaugurated should continue, as in all probability it will, circumstances will permit such a general attendance from other European States as is desirable; but no question will be raised, that if the International Medical Congress *does* assemble, *the profession of the United States should be represented in it by a full quota of its best and ablest members.* Of course, no decision as to the number of delegates, the mode of their appointment, the means of defraying expenses, can be arrived at, until the Central Committee in Paris shall have furnished statutes and a programme. This, we hope, will be done soon, so that the whole plan will be laid before us in time for deliberate action. If our readers have anything to suggest in regard to this matter, we invite them to communicate with us; and the Central Committee at Paris may be assured of our hearty coöperation in giving publicity to any further communications or plans which they may wish to lay before the profession of the United States.

Notes and Comments.

The N. York Academy of Medicine on Cholera.

Our profession continues to give its earnest attention to the subject of cholera, and the best method of preventing its appearance among us, or staying its ravages. The New York academy of medicine sends us the following Preamble and Resolutions on the subject, passed at a late meeting. We commend them to the attention of our readers as emanating from a body of men whose opinions are worthy of great consideration.

Whereas, The New York Academy of Medicine has endeavored to promote among its own members, and throughout the medical profession, a spirit of exact and practical inquiry into the preventive and remedial treatment of epidemic cholera; therefore, be it

Resolved, That this Academy hereby expresses its confidence in the utility of general and specific hygienic measures as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

Resolved, That in the judgment of the Academy the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the cholera diarrhœa and "rice-water discharges" of cholera patients, are capable, in connection with well-known localizing conditions, of propagating the cholera poison; and that rigidly enforced precautions should be taken in every case of cholera to permanently disinfect or destroy those ejected fluids by means of active chemical agents; also, that with the same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick; also, that all privies, water-closets, and cesspools should be kept thoroughly under the control of disinfectants.

Resolved, That we regard the nature and causes of cholera infection, so far as the sick or their discharges can propagate it, as being so susceptible of control that there should be no fear or hesitancy in the personal care of the sick and all that pertains to them.

Resolved, That immediate and thorough cleansing and disinfection of all persons, clothing, and things that have been exposed to the discharges of persons of the sick with cholera constitutes the chief end and object of any rational quarantine or external sanitary police regulation against cholera.

Resolved, That, for the purpose here mentioned, an external sanitary police is desirable in all great maritime and river towns, but that such sanitary regulations need not seriously embarass commercial intercourse and the interests of trade.

Resolved, That the main source of protection against epidemic cholera at the present time is to be found in the vigilant and effective operation of sanitary measures, municipal, domestic, and personal.

Resolved, That the New York Academy of Medicine cordially invites the physicians of every city and villiage throughout our country to urge the immediate adoption of adequate measures of sanitary protection against the introduction and ravages of cholera, and that to this end we pledge our brethren and the public the hearty and continued coöperation of this Academy,

The above resolutions were unanimously adopted by the Academy.

Maine Medical College.

A new, and admirably constructed building has been erected for the Maine Medical College at Brunswick. We are glad to learn that the school is doing well, and is offering excellent clinical advantages to students. Among the Professors are Drs. Corydon La Ford, late of the University of Michigan, and William Warren Greene, of Pittsfield, Massachusetts, Professor in the Berkshire Medical Institute. Both are able and popular lecturers.

Lindsay & Blakiston announce "Reynolds on Diseases of the Brain and Nervous System," "Remak's Electro-Therapeutics," and "Ellis on the Safe Abolition of Pain in Labor and Surgical Operations."

☞ Erratum.—In the list of Graduates of the Medical Department of the University of Pennsylvania, published in the Reporter on the 24th of March last, the names of the Tennessee graduates were inadvertently omitted. There were four, as follows:

Wm. L. Duckworth, of Haywood co., Edmund McKinney, of Montgomery co., Albert P. Ryall, of Bedford co., and Fletcher T. Seymour, of Fayette co.

Dr. William Henry Harvey, a native of Limerick, in Ireland, died at Torquay, in the south of England. He was a self-educated man of science, and was the first, thirty years ago, to examine and report upon the botany of the Cape of Good Hope. He was successively elected Keeper of the Herbarium in Trinity College, Dublin, Professor of Botany to the Royal Dublin Society, and Professor of Botany in Dublin University. His principal works are the "Phycologia Britannica," the whole of the plates, 360 in number, having been drawn on stone by himself; "The Seaside Book," a quarto volume of 550 pages and 50 plates on the Algæ of America, published by the Smithsonian Institution; the "Phycologia Australica," in five volumes, each containing 50 plates; and part of the "Thesaurus Capensis," incomplete, though three large octavo volumes are published. He had completed his fifty-fifth year.

Correspondence.

DOMESTIC.

LETTER FROM BOSTON.

The Cholera—Sanitary Measures.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

Although Boston has for a long time been unrepresented in your correspondent's column, it by no means follows that nothing has been doing here. We have been, as you already have had proof, quite busy discussing the merits of the "cholera question," and in the mean time in a more quiet way, have been preparing for its approach, if it should pay us a visit. Whatever may have been the diversity of opinion as to the producing cause of cholera, all are agreed that sanitary measures are of paramount importance. Accordingly, early in the season, a survey of the whole city was ordered, and has been but recently ended. The city was divided into nine health districts, each of which were again subdivided for convenience of working. At the head of each district a health-warder was placed, whose duty it was to see that the local inspectors did their work efficiently and thoroughly. Daily reports of their progress were forwarded to the health office, and the abatement of the nuisances thus reported followed as fast as the means allowed. The result has been successful, and two important ends have been attained. The city at the present time is in as good sanitary condition as, under the circumstances, could be expected, and the visitation of the local inspectors to every house, has gained the coöperation of the citizens to a degree that has contributed very much to the health of the community at large. I am informed by the city registrar, Mr. APPOLONIO, that the amount of sickness incident to the season has been very much less, during the past two months, than the average for many years.

After some considerable opposition from the occupants of one of the forts in the harbor, the city has regained possession of Galloupe's Island, which, during the late rebellion, had been occupied as a military rendezvous by the United States authorities. Upon the accomplishment of this desirable result, by a vote of the Board of Health, the limits of quarantine were extended so as to take in this island, as well as Rainsford Island, for a long time in use as a State Hospital for emigrants, and State paupers. Under the most efficient direction of Mr. Alderman CRANE, the Chairman of the Committee on External Health, a plan of quarantine has been arranged, which is the most satisfactory of any that I have yet seen adopted in the United States. The vessels are boarded outside by the Port Physician, and the sick, if any, are at once sent to Rainsford Island, where they are received by the State authorities, who, from that time, assume the whole care of them, furnishing attendance, and everything necessary for their comfort. Those of the passengers who are well, are disembarked on Galloupe's Island, where are commodious barracks, and plenty of room for exercise and amusement. The barracks are the same which were built for the accommodation of the United States troops, and are sufficient to comfortably lodge 5000 persons. They have been put in perfect order, and are ready for immediate occupancy. Both these islands are isolated from the main, and from the other islands in the harbor, so as to be sufficiently exclusive to intrusion from without, or escape from within, and the perfect harmony of action between the State and municipal authorities insures success as to restricting any disease of a contagious nature which may be brought from abroad, while the accommodations furnished are of such a character that no one will be seriously incommoded or exposed.

The success which has attended the measures adopted in New York, even with their insufficient accommodations, gives ground for the belief that we shall be able, if by chance the cholera should be brought here by sea, to keep it at bay, and save our city from its ravages.

Early in the season a few cases of severe cholera morbus made their appearance, but since then we have been most remarkably free from it. The weather for the past two weeks has been intensely hot, but owing probably to the prudence and discretion of the community in regard to diet, etc., we have suffered less than usual from complaints incident to this season.

City Hospital.

The vacancy in the staff of the City Hospital, which occurred by the death of Dr. C. H. STEDMAN, one of the surgeons, has been filled by the election of Dr. W. H. THORNDIKE. Dr. THORNDIKE enjoys the respect of the profession, is a hard-working man, a good surgeon, and no doubt will prove a valuable addition to the hospital.

TRIMOUNT.

Boston, Mass., July 7, 1866.

—— In a case of croup under Dr. WILKS at Guy's Hospital, where tracheotomy was performed, the child died, five days after the operation, from ulceration into the arteria innominata.

News and Miscellany.

Training Idiots, etc.

An interesting book and a valuable contribution to anthropological science, is a work by Dr. P. M. Duncan, and Mr. William Millard, who have been for some years engaged in the endeavor to raise to the highest possible pitch the individual and social condition of the idiot, the latter being the Superintendent of the Eastern counties (England) Asylum for Idiots and Imbeciles. They give the results of their experience under the title of "A Manual for the Classification, Training, and Education of the Feeble-minded, Imbecile, and Idiotic."

—— Cholera has again reappeared at Altenburg, and as this city is not very far from the position occupied by the right wing of the Prussian army, great fears are entertained of the possible spread of the epidemic into and through the military cantonments.

—— Disease in both the Austrian and Prussian armies is reported as considerable. This must always be expected at the commencement of a war, when large numbers of new levies are crowded together, and thousands are placed under influences to which they were not inured. Among the Austrians in Bohemia typhus is prevailing. The Italians along the Venetian border are suffering from malarial fevers. The decrease in the effective strength of the Prussian army from disease has reached at least one per cent. per day.

—— Anæsthetics.—The editor of the *Cincinnati Journal of Medicine* reports the performance of Chopart's amputation of the foot under the influence of nitrous-oxide gas. Also, a case of lithotomy, in which local anæsthesia was produced during the operation (medio-bilateral of Civiale) by means of Richardson's *spray-ether douche*. The douche was used for two and a half minutes, and the incision into the bladder gave no pain.

—— A little boy in Wisconsin, died recently from grief at the death of a Newfoundland dog, who had been his playfellow.

—— Death of M. Michon.—This eminent surgeon, so universally esteemed in Paris, died a few weeks ago, after a short illness.

Army and Navy News.

NAVY.

List of changes in the medical corps of the Navy, during the week ending July 7th, 1866.

Fleet Surgeon C. D. Maxwell, detached from the Pacific Squadron, by medical survey, and placed on waiting orders.

Passed Ass't Surgeon C. H. Giberron, detached from the U. S. ship Susquehanna, and placed on waiting orders.

Passed Ass't Surgeon Theoron Woolverton, detached from duty as Assistant to Bureau of Mddicine and Surgery, and placed on waiting orders.

Ass't Surgeon J. R. Tryon, ordered to duty as Assistant to Bureau of Medicine and Surgery.

Acting Ass't Surgeon A. R. Holmes, promoted to the grade of Acting Passed Ass't Surgeon.

Acting Passed Ass't Surgeon F. V. Greene, ordered to temporary duty on board the U. S. ship Resaca.

MARRIED.

Annis—Howell.—In Aurora, Ill., June 28, 1866, at the residence of the bride's father, Dr. O. D. Howell, by the Rev. J. H. Tuttle, Mr. Frank M. Annis and Miss Annie Howell.

Keller—Yingling.—At the residence of the bride's parents, in Westminster, Maryland, June 12th, 1866, by the Rev. J. Thomas Ward, Josiah G. Keller, M. D., of Baltimore, and Miss Mary M. Yingling, daughter of Joshua Yingling, Esq.

Kilgore—Welch.—In Windham, Me., June 25, by Rev. L. Wiswall, George L. Kilgore, M. D., and Miss Eliza H. Welch, both of Windham.

Palmer—Warner.—At the residence of the bride's father, June 27, 1866, by Rev. M. E. Dunham, Henry C. Palmer, M. D., and Hattie A. Warner, all of Westmoreland, N. Y.

Pratt—Edstrom.—In New York city, by Rev. Thomas A. Jagger, Calvin Pratt, M. D., of Bridgewater, Mass., and Miss Addie Edstrom, of New York.

Severly—Bass.—June 28, by Rev. Dr. Kirk, Dr. James B. Severly, of Farmington, Me., and Miss Emma A., daughter of John A Bass, of Boston.

Winser—Cox.—In New York, July 5, at the Church of the Holy Trinity, by the Rev. S. H. Tyng, Jr., Henry J. Winser and Edith Mary, daughter of the late Henry G. Cox, M. D., both of New York city.

DIED.

Cortelyou.—On the evening of July 3, Ida, wife of Dr. I. V. Cortelyou, and only remaining child of Dr. John F. and Sarah Tuttle, of Rye, N. Y., aged 20 years and 4 months.

Mason.—On the 18th ult., at Bethel, Maine, Dr. Moses Mason, aged 75 years.

Dr. Mason was, at one time, a Representative in Congress from Maine.

ANSWERS TO CORRESPONDENTS.

Dr. J. H. S., Litiz, Pa.—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. D., Canton, Pa.—Leeches, sent by Express, 5th inst.

Dr. J. T. B., Clifton Park Village, N. Y.—N. Y. Surgeons, sent by mail, 5th inst.

Dr. E. P., Freeburgh, Ill.—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. C., Dundee, Ohio.—Chomel's General Pathology out of print. We would recommend Paget.

Dr. J. D., Cleveland, Ohio.—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. H. K., Worcester, Pa.—Wyeth's Dose and Symptom Book, sent by mail, 7th inst.

Drs. H. and S., Upper Sandusky, Ohio.—Silk Elastic Stockings, sent by Express, 23d ult.

METEOROLOGY.

June,	25,	26,	27,	28,	29,	30,
Wind	S.	S. W.	S. W.	S. W.	N. W.	N. W.
Weather	Clear.	Clear.	Clear.	Cl'dy. Rain.	Clear.	Clear.
Depth Rain				3-10		
Thermometer.						
Minimum	69°	72°	74°	64°	60°	62°
At 8 A. M.	82	83	84	70	65	68
At 12 M.	90	90	89	72	74	75
At 3 P. M.	91	93	89	72	71	77
Mean	83.	86.	84.	69.50	67.50	70.50
Barometer.						
At 12 M.	30.2	30.2	30.1	30.	30.1	30.1

Germantown, Pa. B. J. Leedom.